Membership Profile



Name	ne: Phone #:				
Email:	il: Date:				
1.	If you were to sign up today, what type of membership would work best for you?				
	Individual Couple Family - How old are your children?				
2.	Are you currently exercising? Y N				
	a. If yes: What activities are you currently doing?				
	b. If no: What's the impact of not exercising regularly for you? (examples: loss of energy, gained weight, etc)				
3.	3. What areas of the club are you most interested in?				
4.	1. How long have you been thinking about starting/changing your fitness routine?				
5.	5. These are the most common goals that we hear from our members, what are you looking to accomplish				
with your fitness plan? (Let the guest circle all that apply)					
	Look Better	Feel Better	Increase Energy	Improve Heart Health	
	Firm & Tone	Sleep Better	Increase Strength	Lower Blood Pressure	
	Gain Weight	Lose Weight	Improve Flexibility	Improve Performance	
	Make Friends	Manage Stress	Increase Lean Muscle	Reduce Stress/Anxiety	
6.	6. What is your #1 goal? (Get the specifics and talk about their Fitness Consultation)				
7.	7. How many days a week would you dedicate to accomplish this goal?:				
8.	Do you have a time	eline to accomplish your #1 g	goal? (examples: upcoming va	acation, wedding, other	
sp	ecial event, etc)				
Notes	3				