

IN APPRECIATION, TO SHOW OUR SUPPORT  
PALOMAR FITNESS CENTER IS OFFERING A 40% MILITARY DISCOUNT



**Fitness Center Membership**

Please print the following information:



NAME \_\_\_\_\_  
PHONE # \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
SSN # or Student ID # \_\_\_\_\_

Membership Options (select one)

**Your Name:** \_\_\_\_\_ **Platinum - 1:** -- 24 Months -- \$244.00 --- **\$146.00** \_\_\_\_\_  
**Your Name:** \_\_\_\_\_ **Platinum - 2:** -- 12 Months -- \$144.00 --- **\$86.00** \_\_\_\_\_  
**Your Name:** \_\_\_\_\_ **Platinum - 3:** -- 6 Months -- \$84.00 --- **\$50.00** \_\_\_\_\_  
**Your Name:** \_\_\_\_\_ **Platinum - 4:** -- 3 Months -- \$64.00 --- **\$38.00** \_\_\_\_\_

Family Member Discounts are only applicable with a Paid in Full Primary member for the same period or longer.

**Family Members Name :** \_\_\_\_\_ **Gold-1: 24 Months** -- \$216.00-**\$130.00** \_\_\_\_\_  
**Family Members Name :** \_\_\_\_\_ **Gold-2: 12 Months** -- \$120.00-**\$72.00** \_\_\_\_\_  
**Family Members Name :** \_\_\_\_\_ **Gold-3: 6 Months** -- \$60.00 -- **\$36.00** \_\_\_\_\_  
**Family Members Name :** \_\_\_\_\_ **Gold-4: 3 Months** -- \$30.00 -- **\$18.00** \_\_\_\_\_

The following persons are eligible for the family member discount (one family member must pay the regular rate).      **Spouses**                      **Children (Min. 18 years old)**                      **Parents**                      **Siblings**

Parking (optional):      **Monthly: \$8.00** \_\_\_\_\_

Staff _____ Date _____ Method _____
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TOTAL

760- 744- 1150  
x 2838

**\*\*\*Military ID Required\*\*\***

**\*\*\* All sales are final and all fees are non-refundable regardless of usage \*\*\***

Select a membership option, Total all fees, Mail or bring payment **ALONG WITH THIS FORM** to the Palomar College Fitness Center 1140 W. Mission Road, San Marcos, CA. 92069

<b>Option I - Make checks payable to the Palomar College FC.</b> Please do not mail cash. <b>Option II - MC/VISA. Complete your card information below.</b>
Card # _____                      Expiration Date _____
<b>Signature (as it appears on card)</b> _____