

GRINDHOUSE MMA & FITNESS  
MEMBERSHIP APPLICATION

Please fill out completely

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Info: Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (Name and Phone Number)

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Referred by \_\_\_\_\_

Membership Type:

\_\_\_\_\_ Monthly Membership

\_\_\_\_\_ Private Lessons

\_\_\_\_\_ Competition Team

\_\_\_\_\_ Kids MMA

\_\_\_\_\_ Member Signature (or parent if minor)

\_\_\_\_\_ Today's Date

All members or parent/guardian must sign waivers to participate