

# Online Membership Registration Form

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## Personal Information:

- Full Name: \_\_\_\_\_
- Username: \_\_\_\_\_
- Password: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
  - City: \_\_\_\_\_
  - State: \_\_\_\_\_
  - ZIP Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Membership Details:

- Membership Category:
  - Basic
  - Premium
  - VIP
- Preferred Payment Plan:
  - Monthly
  - Quarterly
  - Annual
- Start Date: \_\_\_\_\_
- Renewal Date: \_\_\_\_\_

## Emergency Contact Information:

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Payment Information:**

- Card Type:
  - Visa
  - MasterCard
  - American Express
  - Discover
- Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- CVV: \_\_\_\_\_

**Terms and Conditions:**

I agree to the terms and conditions of membership.

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_