



Membership Application

Contact Information

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Birthdate: ____/____/____

Email: _____ Age: _____

Emergency Contact Person

Name: _____

Relationship: _____

Cell Phone: _____

Circle One: New Member
 Returning Member

T- Shirt Size

Men: ____S ____M ____L ____XL ____XXL

Ladies: ____XS ____S ____M ____L ____XL

Would you like to share...?

Goals: _____

Concerns: _____

Areas of Training/Participation Interest (circle all that apply):

Running Biking Yoga Swimming Strength/Core

Other areas of interest: _____

Please check here to opt out of sponsor emails

Liability: I understand the physical activities which I may participate in through Be3 include, but may not be limited to, swimming, running, strength training and fitness classes. I agree to assume all liability and release Be3 from any liability for the risk of injury, illness or death on account of my presence during a Be3 organized activity or on account of my involvement in any activity at a Be3 owned/rented facility, whether caused by negligence of Be3 or another person on the premises or at the sponsored activity.

Photo/Talent Release: I hereby irrevocably release, consent and allow Be3 and its agents to use my photograph/likeness/voice, as it pertains to my participation with Be3, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Signature: _____ Date: _____

For Committee Use Registration Date: _____ Received By: _____

 Payment: ____ Cash ____ Check ____ Credit Card

Yearly fee is \$35. Checks payable to Be3. Please submit completed form with payment to Be3
 P.O. Box 35 Port Washington, WI 53074 ♦ info@be3WI.com ♦ www.be3WI.com
 Or drop off at ZuZu Pedals Bike Shop in downtown Port Washington
 211 N. Franklin St. ♦ 262-988-4099 ♦ zuzupedals.com (for store hours)