## FREEDOM BY FITNESS/SNAP N 30 BOOTCAMP MEMBERSHIP APPLICATION

Name		DOB:	
Addre	SS:		
Email	·	Phone:	
Select a password:		(at least 4 characters)	
Sponsor's Name:		SSN/TIN:	
Check D	Yes, I am interested in	n joining Freedom By Fitness 3-Day Bootcamp and becoming a 00/mo. (Beginner's Fitness Pack, Website and Business Kit)	
		n joining Freedom By Fitness 5-Day Bootcamp and becoming a 5/mo. (Advanced Fitness Pack, Website and Business Kit)	
	Yes, I am interested in joining Freedom By Fitness 3-Day Bootcamp only for \$180/mo.		
	Yes, I am interested in	n joining Freedom By Fitness 5-Day Bootcamp only for \$275/mo.	
	program and I am not	derstand that Freedom By Fitness is not affiliated with any other obligated to join other entities. Supplement Application Sheet(s) ole, administrative fee applies to all credit card payments.	
Type of Credit Card:		Visa   Master Card  AmEx  Discover	
Name	on Card:		
Address:			
Email:			
Card Number:			
Expiration Date:		Card Verification#	
Amou	nt Paid:		
Date:			

I hereby acknowledge that I have received materials, which may include but not be limited to application, registration, training, presentation materials, cds, dvds, brochures, booklets, business cards and supplies. I hereby authorize Freedom By Fitness, LMI and or assigns to charge my Visa/Master Card for the above-specified amount. By signing below, I confirm that I will pay for the products and services by the method specified above, below and on attached sheets.

Signature: