



[fitness@prov.ca](mailto:fitness@prov.ca)  
1.204.433.7488

Visit the Providence Business Office during open hours with membership form.  
All membership fees are due at time of signing up.

Please Select

Please Select

- P** College Student
- P** Seminary Student
- P** Staff/Faculty
- P** Public
- P** Varsity Athlete
- P** Guest Pass

- P** Day Pass
- P** 1 Week
- P** 1 Month
- P** 4 Month
- P** 8 Month
- P** 12 Month

### Member Information

Name _____
Home Phone _____ Cell Phone _____
Email _____
Address _____
City _____ Province _____ Postal Code _____

I have been informed of and given the Membership Information and Waiver Form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use

Effective \_\_\_/\_\_\_/\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ Authorized By: \_\_\_\_\_  
Payment Method \_\_\_\_\_ Payment Amount \_\_\_\_\_  
\_\_\_ Waiver Form Signed  
\_\_\_ Information and Policy Sheet Handed Out  
\_\_\_ Entry Code