



Date: \_\_\_\_\_

# HAPPY HEART PROGRAM REGISTRATION BILLING FORM

**MEMBERSHIP CATEGORY: (check one)** Member ( ) Non-Member ( )

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact#1 : \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

**One Time Registration Fee:**

\$15 non-member/ \$10 member \*New participant registration fee.

## Happy Hearts Maintenance Program Monthly Rates

**Monthly Rate:**

\$58 non-member / \$48 member + gst

**NEW Participant Start-up Package Rate:**

\$120 non-member / \$90 member + gst for 3 months

continue at monthly rate      or       discontinue program/tbd at a later date

*Participant will be billed upon initial sign-up for the current month and monthly thereafter. Monthly rate is billed between the 23-26<sup>th</sup> of the month prior. Monthly rate will be pro-rated if participant begins after the second class in the month.*

I learned of the JCC from: (optional information for statistical purposes only)

JCC member	<input type="checkbox"/>	Previous Connection to JCC	<input type="checkbox"/>	In the neighbourhood	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>	Hospital Program	<input type="checkbox"/>		<input type="checkbox"/>

