

PHILLYFIT Networking Registration Form

Business Name: _____

Your name: _____

(If more than one person is joining, list other names here)

Address: _____

Phone: _____

Email: _____

Website: _____

What services do you offer:

What makes your business unique:

Annual Membership Fee: \$125

(\$125 annual fee for first company member, \$50 per additional member from same company)

Total amount due: \$_____

Date Membership begins _____

Ending Membership date _____

CC # _____

Exp. Date _____

or

Mail check to: PhillyFIT

868 Central Avenue

Southampton, PA 18966