



**WEIGHT WATCHERS OF
SALT LAKE CITY, INC.**

AT WORK TWELVE (12)-WEEK SERIES PREREGISTRATION

Print form and write clearly OR type information into field, save, & email

✓ PLEASE CHECK ONE

- ✓ **NEW MEMBER – 12 WEEKS/PRE-PAY SPECIAL – \$135.00**
- ✓ **12 WEEKS CONTINUATION (CURRENT REGULAR MEMBER) – \$115.00**
- ✓ **NEW SENIOR CITIZEN (65 [this calendar year] OR OLDER) –12 WEEKS/PRE-PAY – \$116.00**
- ✓ **12 WEEKS CONTINUATION (SENIOR MEMBER) – \$96.00**
- ✓ **LIFETIME MEMBER (NOT AT GOAL) 6 PREPAID ATTENDANCES – \$54.00**
- ✓ **LIFETIME MEMBER (NOT AT GOAL) 12 PREPAID ATTENDANCES – \$108.00**
- ✓ **SENIOR LIFETIME MEMBER (NOT AT GOAL) – 6 PREPAID ATTENDANCES – \$48.00**
- ✓ **SENIOR LIFETIME MEMBER (NOT AT GOAL) – 12 PREPAID ATTENDANCES – \$96.00**

If a continuing Member:

CURRENT MEMBER REGISTRATION NO. _____

OR

LIFETIME MEMBER REGISTRATION NO. _____

REQUIRED MEMBERSHIP INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: home _____ cell _____ work _____

BIRTHDATE ____ / ____ / ____ HEIGHT (feet, inches) _____ MALE/FEMALE: _____

EMAIL ADDRESS _____

COMPANY NAME _____

TYPE OF PAYMENT & DOLLAR AMOUNT PAID

✓ PLEASE CHECK SELECTION

✓ **CASH** \$ _____

✓ **CHECK** \$ _____

We accept personal checks only. Make check payable to "Weight Watchers."

Driver License number is required. DL# _____ Issuing State: _____

✓ **CREDIT CARD** \$ _____

CREDIT CARD# _____ VIN# _____ EXP (mo/yr) ____ / ____

DATE _____ SIGNATURE _____

PRINT FIRST NAME _____ **PRINT** LAST NAME _____

✓ **PAYROLL DEDUCTION** \$ _____

OFFICE USE ONLY: WW Leader Name: _____

4-11-11

Meeting/Group number: _____