



## At Work Pre-Registration

**Please Print**

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Gender:    F        M                      Date of Birth: \_\_\_/\_\_\_/\_\_\_                      Height: \_\_\_\_\_

Do you wish to receive coupons or other mail?                      Y                      N

Do you wish to receive supportive phone calls?                      Y                      N

**Current or Lifetime Member:**

**Lifetime Membership Number:** \_\_\_\_\_

**Current Membership Number:** \_\_\_\_\_

*A current member is someone who has not missed more than 3 weeks of membership.*

### Payment Options:

**Check                      Charge-VISA or Master Card                      \*Payroll Deduction**

**New Members \$120                      Continuing Members \$110**

***\* A \$30 fee is due at the first week of membership and will be applied toward the total cost of the 12 week series. Payroll deduction is only available when set up in advance between Weight Watchers and your company. Ask you company contact person for details.***

*I want to become a member of Weight Watchers. I will in no way hold the organization responsible for any physical or mental condition that might occur because of my Weight Watchers membership. I agree to read the Health Notice and to abide by the current Membership Policies. (See the Welcome Brochure.)*

*I understand that Weight Watchers gladly accepts my check as payment and, in the unlikely event that these funds are dishonored; Weight Watchers has the right to collect them electronically for the face value plus processing fee. Driver's License number and expiration date are required on each check received.*

**Signature:** \_\_\_\_\_

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

**Shoes are required for all weigh-ins**

