

# 2600 Association, Inc.

Yaknow Management LLC  
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(201) 966-1768

## **Wellness Center Membership Application Form**

Date: \_\_\_\_\_ Unit#: \_\_\_\_\_

Unit Membership
Name(s):
Email Address:
Phone:
Emergency Contact & Phone:

- I agree to abide by the membership rules and conditions- outlined in the attached membership document
- I agree to respect the facility, equipment and rights of other members
- All family members from my unit using the center have signed a waiver that holds the association harmless.
- I agree to pay the membership fee in one of the three established plans. Please check one below:

**Annual (Only if paid in full in January) payment per unit \$120\_\_\_\_\_**

**Semi Annual per unit \$72\_\_\_\_\_**

**Quarterly per unit \$45 \_\_\_\_\_**

**I understand all rules and regulations that apply and hold the association harmless against any claim arising from any injury I sustain as a result of any training activity in the gym/Wellness Center.**

**Sign\_\_\_\_\_ Date\_\_\_\_\_**

**Sign\_\_\_\_\_ Date\_\_\_\_\_**

Please return this application with signed waiver(s) and your payment (check) to Management