

**TUDOR ARMS OWNERS CORP.
FITNESS CLUB MEMBERSHIP FORM**

NAME: _____ **APT#:** _____

PHONE #: _____ **(HOME/CELL)**

EMAIL: _____

YES, I WOULD LIKE TO JOIN THE NEW TUDOR ARMS FITNESS CLUB.

**I UNDERSTAND THE MONTHLY FEE IS \$25.00 PER MONTH AND MY
MEMBERSHIP CAN BE CANCELLED AT ANY TIME.**

**I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS TUDOR ARMS
OWNERS CORP., ROBERT ORLOFSKY REALTY, INC. AND THEIR AGENTS AND
EMPLOYEES AGAINST ANY LIABILITY OR INJURY THAT MAY OCCUR AS A
RESULT OF THE USE OF THIS EQUIPMENT.**

SIGNATURE: _____ **DATE:** _____

**PLEASE EMAIL COMPLETED FORM TO ROINC3@GMAIL.COM, OR FAX TO
914-328-6993.**