



P.O. Box 370906 • Miami, FL 33137-0906
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www.pilatesmethodalliance.org

APPLICATION FOR STUDENT MEMBERSHIP

Please indicate if application is a: New Membership Renewal

Name
Street Address
City State Zip \*Country
Contact Phone Fax Alt Phone
E-mail

Name of Pilates Program/University or College
Street Address
City State Zip \*Country
Contact Phone Fax Alt Phone
E-mail

This information is for statistical information only, and will not be shared with any other person or organization.

When did you begin Pilates?
How long did you practice Pilates prior to joining course?
How did you find out about the program?
What is your previous movement background?
What is your age group? Check one:
20 years or under 40 to 50 years
20 to 30 years 50 to 60 years
30 to 40 years 60 to 70 years

What is your occupation?
Signature Date

PAYMENT OPTIONS

Fee: \$50.00

Please check one of the following:

Check Money Order Credit Card
Visa Mastercard AMEX Discover

Card Number: Expiration Date:

Security Code: (This 3-digit number is located on the back of your card (AMEX: 4 digits on front of card))

I hereby authorize the Pilates Method Alliance to charge my credit card.

Signature