



2014 REGISTRATION

CHECK ALL THAT APPLY

- I am New.
 I am a Continuing Member from the last series.
 I am a Lifetime Member; my membership number is _____
and my original goal weight is _____ pounds. *Don't have your Lifetime information handy?*
Write to info@weightwatchersaz.com or call 1.800.651.6000.
 I attend meetings where I work. My employer is _____.

Today's date _____
Your name _____
Your address _____
City _____ State _____ Zip _____
Daytime phone _____ Cell phone _____
Email _____
Date of birth (month/day/year) _____ Age _____ Height _____
Special needs _____

SERIES FEE TOTAL (\$) _____

Series fees are due in full by Week 1.

Refunds: All refunds will be honored as long as a written request is made within 72 hours of the start date and program materials are returned along with the request. A physician's note is required for refunds requested after 72 hours of the start date and also require return of program materials. Send request to lorena@weightwatchersaz.com.

GET STARTED TODAY

Email this form to lorena@weightwatchersaz.com or fax to 602.274.3640. Questions? Call 1.800.651.6000.

weightwatchers