

THE NEW YOU PROGRAM APPLICATION



Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Status M D S W

Email _____

Height W/O Shoes _____ Current Weight _____

How much weight do you want to lose? _____

Tell us your heaviest weight and age at the time. Weight _____ Age _____

What weight loss programs have you been successful in in the past?

Did you have any ill effects by these methods? If so, explain.

How long did you maintain that weight loss? _____

Tell us why you are now ready to start this program.

Where did you hear about The New You Program?

Which group would you like to join? _____

Please visit our website to see the group list

Comments/Questions? _____

A \$25 Application Fee must accompany this application for the prospective member to be considered for acceptance into The New You Program. A refund will be provided if you are not accepted into the program. Checks can be made payable to TNYP and sent to 826 Kings Croft, Cherry Hill, New Jersey 08034 or paid by PayPal via website.