

**NATIONAL DEFENSE UNIVERSITY - HEALTH FITNESS  
LOCKER FEE ON LINE REGISTRATION FORM**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

NDU PERSONNEL ID	GENDER:	COLLEGE:
	<input checked="" type="radio"/> Male <input type="radio"/> Female	

PRESENT DUTY STATION:	ARRIVAL NDU
	<b>2004</b>

**Total Due: \$80.00**