

# MEADOWS FITNESS CENTER MEMBER JOINING PACKET

NAME: \_\_\_\_\_  
(FIRST) (LAST) (MIDDLE)

WHAT NAME DO YOU PREFER TO BE CALLED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_ (EXT): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_ Friend \_\_\_ Facebook \_\_\_ Instagram \_\_\_ Other (Please specify) \_\_\_\_\_

PREVIOUS MEADOWS FITNESS CENTER MEMBER:  No  Yes FROM \_\_\_\_\_ TO \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

OCCUPATION/PROFESSION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  Male /  Female

IN CASE OF EMERGENCY, CALL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## DISCLAIMER:

I have voluntarily enrolled at Meadows Fitness Center in either a structured exercise program or a program which permits self-guided recreational use of exercise facilities. I agree to indemnify and hold harmless Meadows Fitness Center, their respective employees from any and all liability or claims or damages resulting from injury, illness, or death which may occur from, or arise out of participation in said exercise programs.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**FOB #** \_\_\_\_\_

## PAYMENT AGREEMENT

PAYMENT METHOD:

<input type="checkbox"/>	Bank Draft (complete Payment Authorization Form: Drafted on the 10th)
<input type="checkbox"/>	Credit/Debit Card (complete Payment Authorization Form: Debited on the 10th)
<input type="checkbox"/>	Payroll Deduction (complete Payroll Deduction Form) Industry: _____

**Gym Use for Minors:** Members **under the age of 14** will be required to have adult supervision in the building for the duration of their workout.

**MEMBERSHIP CATEGORIES**

**JOINING FEE**

**MONTHLY DUES**

_____	REGULAR MEMBERSHIP	\$25	\$35
_____	PLUS ONE FAMILY MEMBER*	\$25	\$20
_____	EACH ADDITIONAL FAMILY MEMBER*	\$25	\$20

_____	DISCOUNTED RATE** (circle below)	\$25	\$32
_____	PLUS ONE FAMILY MEMBER*	\$25	\$20
_____	EACH ADDITIONAL FAMILY MEMBER*	\$25	\$20

\*\*\*CARDIAC REHAB GRADUATE, PHYSICAL THERAPY TRANSFER, SENIOR CITIZEN (60 & OVER), PHYSICIAN, MILITARY, STUDENT (24 & UNDER) & CORPORATE ACCOUNTS

_____	FAIRVIEW PARK HOSPITAL EMPLOYEE	\$25	\$30
_____	PLUS ONE FAMILY MEMBER*	\$25	\$20
_____	EACH ADDITIONAL FAMILY MEMBER*	\$25	\$20

_____	ANNUAL PRE-PAID MEMBERSHIP***	\$0	\$360
_____	PLUS ONE FAMILY MEMBER*	\$0	\$240
_____	EACH ADDITIONAL FAMILY MEMBER*	\$0	\$240

\*ADDITIONAL FAMILY MEMBERS MUST BE IMMEDIATE FAMILY, RESIDING IN SAME HOUSEHOLD (IMMEDIATE FAMILY MEMBER IS DEFINED AS: SPOUSE & DEPENDENT CHILD UNDER 34 YEARS OF AGE)

\*\*\* ANNUAL PRE-PAYMENT MUST BE PAID IN FULL TO MEADOWS FITNESS CENTER BY CASH, CHECK OR CREDIT CARD/ DEBIT CARD.

Please note that although you are NOT under contract with our facility, you WILL BE BILLED MONTHLY WHETHER OR NOT YOU ARE ACTIVELY USING THE FACILITY, UNTIL YOU CANCEL YOUR MEMBERSHIP by completing a cancellation form for our record by the 5<sup>th</sup> of the month. Payment will be expected of any and all dues billed until written cancellation is received, Please see our staff for a cancellation form

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Staff Signature

