## MEADOWS FITNESS CENTER MEMBER JOINING PACKET

NAME:			
(FIRST)		(LAST)	(MIDDLE)
WHAT NAME DO YOU PRE	FER TO BE CALLED BY:		
ADDRESS:			
		(CITY)	(STATE) (ZIP)
PHONE: (H):	(C):	(W):	(EXT):
E-MAIL ADDRESS:			
HOW DID YOU HEAR ABO	JT US? FriendFaceb	ookInstagramOthe	er (Please specify)
PREVIOUS MEADOWS FIT	NESS CENTER MEMBER:	No 🗌 Yes FROM	то
PLACE OF EMPLOYMENT:			
OCCUPATION/PROFESSION	1:		
DATE OF BIRTH:	SEX: Ma	le / Eemale	
IN CASE OF EMERGENCY, (	CALL:	PHONE	E:

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:	DA	E:
WITNESS:		
		FOB #

## PAYMENT AGREEMENT

## PAYMENT METHOD:

Bank Draft (complete Payment Authorization Form: Drafted on the 10th)
Credit/Debit Card (complete Payment Authorization Form: Debited on the 10th)
Payroll Deduction (complete Payroll Deduction Form) Industry:

**Gym Use for Minors**: Members **under the age of 14** will be 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 THERAF STUDENT (24 &UNDER) & CORPORATE ACCOU		(60 & OVER), PHYSICIAN, MILITARY,	
FAIRVIEW PARK HOSPITAL EMPLOYEE	\$25	\$30	
PLUS ONE FAMILY MEMBER*	\$25	\$20	
EACH ADDITIONAL FAMILY MEMBER*	\$25	\$20	
ANNUAL PRE-PAID MEMBERSHIP***	\$0	\$360	1
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

## **AUTHORIZATION FOR AUTOMATIC DUES PAYMENT**

I authorize Meadows Fitness Center to receive monthly dues payment by pre-authorized **bank draft or debit/credit card on the 10<sup>th</sup>** of the month. I authorize my bank or credit card company to honor this payment method until revoked by me in writing. It is my understand that all monthly dues are my financial responsibility until such revocations have been received by Meadows Fitness Center.

Signature of Depositor/Card Holder		Date	
<u> </u>	BANK DRAFT		
Bank Name:			
Routing No:	Account No:		
Name on Account:			
Payment with Debit/Credit card i	s subject to a	\$3 surchar	ge per mon
<u>CREDIT</u> /	DEBIT CARD		
MC	VISA	AMEX	DISCO
Credit Card No:			
igit Security code (front of card for AMEX) ligit Security Code (on back of card):		Eve Data:	
		Exp. Date.	
ne on Card:			
ne on Card: Iress: Street(No P.O. Box)			