



Promotion: _____

Membership # : _____ New

Renewal: If member renews after the contract expiration date, member will be assessed a \$25 late fee.

Former Member: If member renews 30 days after the contract expiration date, the member will pay a full initial package and the new member rates.

MEMBERSHIP INFORMATION

Member's Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home # _____ Work # _____ Cell # _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about the Fitness Club? (Please list up to 2 sources)

1. _____

2. _____

If you were referred by a current member, please print their name here so we can give them a gift.

AUTHORIZATION FOR DRAFT

I hereby authorize Woman's Center for Wellness to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Checking Credit Card Savings Account indicated below and the depository named below to credit and/or debit the same to such account. This authorization shall remain in effect until I cancel my membership in conformance with the Center's cancellation guidelines. (Attach voided check or a copy of credit card to draft).

Signature: _____

Date _____

AUTHORIZATION FOR PAYROLL DEDUCTION

By selecting the payroll deduction, as an employee (spouse) of Woman's Hospital, I am agreeing to biweekly payroll deductions for the term of my membership. This agreement is for the term of my membership and can not be cancelled except for reasons noted in the Center's cancellation policy. This agreement becomes null and void if my spouse or I terminate employment with Woman's Hospital.

Name (Print): _____ Spouse's Name: _____

Signature: _____ Spouse's Signature: _____

Employee #: _____ Date _____ First Deduction Date: _____ Last Deduction Date: _____

Terms and conditions of membership to the Club as they are represented on this contract and in the Fitness Club Member Policies Sheet that are contained or referenced are considered a part of this agreement. If any provision of this agreement, or portion thereof, is determined to be invalid or unenforceable, the provision is deemed severable from the remainder of the agreement and shall not cause the invalidity or unenforceability of the remainder of this agreement.

I acknowledge that, except for what is written in these agreements, the Club has not made any promises, representations or warranties to me. By affixing my signature below, I acknowledge and agree to the terms and conditions set forth in this agreement. In exchange, the Club grants me the right and the privilege to use the Club's facilities in accordance with the terms of this Agreement.

All EFT drafted and payroll deducted memberships will automatically renew upon the expiration date unless a cancellation form or written notice is received fifteen (15) days prior to the expiration date. We cannot cancel via phone, fax or email. _____(Initials)

I have received a copy of Member Policies. _____(Initials)

Member Signature _____ Date _____

Club Representative _____ Date _____

OFFICE USE ONLY

TYPE OF MEMBERSHIP: General Fitness Club 55 Club 62 Teacher Student Medical Other

TERM OF MEMBERSHIP: 6 months 12 months _____ months **Contract Begins:** _____ **Contract Ends:** _____

TYPE OF PAYMENT: Bank Draft (ACH Debit) Prepay Payroll Deduction for Woman's Hospital employees

BANK DRAFT

Monthly Dues Rate: \$ _____
Less _____ Discount: \$ _____
Subtotal: \$ _____
Plus LA Sales Tax \$ _____
Total Monthly Payment: \$ _____

PREPAY

Total _____ Monthly Dues \$ _____
Less _____ Discount: \$ _____
Subtotal: \$ _____
Plus LA Sales Tax \$ _____
Total Amount Due: \$ _____

PAYROLL DEDUCTION

Total _____ Monthly Dues \$ _____
Less _____ Discount: \$ _____
Subtotal: \$ _____
Plus LA Sales Tax \$ _____
Total \$ _____
Total Per Pay Period \$ _____
Number of Pay Periods _____

FEES/PACKAGES

Initiation Package \$ _____
Firestarter Package/Type _____
Add Towel Fee \$ _____
Add Playroom Fee \$ _____
Add Locker Fee \$ _____
Total Fees \$ _____

TOWEL FEE (\$5/month)

Prepay \$ _____
Bank Draft \$ _____
Payroll \$ _____

PLAYROOM FEES

\$5.00 per Child
Total # of children _____
Total \$ _____

PAYMENT DUE AT JOINING

Total Fees \$ _____
Pro-rated Dues for _____ \$ _____
Prepaid Dues for _____ \$ _____
Subtotal \$ _____
Plus LA Sales Tax \$ _____
Firestarter Package/Type _____
Nutrition \$120
Personal Training \$120
Other \$120
Total Payment Due at Joining \$ _____

PAYMENT METHOD

Check# _____ Cash
 Mastercard VISA Discover Amer. Exp.
 Other

COMMENTS: _____

