



Date \_\_\_\_\_

### NEW ACCOUNT INFORMATION FOR MEMBERSHIP

#### Contact Information

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

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

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

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

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

Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

#### Emergency Contact Information

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

Phone: \_\_\_\_\_

#### Account Information

Account/Key Number \_\_\_\_\_

Payment Due on 5<sup>th</sup> 20<sup>th</sup>

Membership Type:

	Amount
Monthly Bank EFT	\$80/\$45
Monthly CC EFT	\$84/\$47
_____	_____
Annual Direct Bill	_____

Credit Card on File

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Service Fee Collected \$99.00

#### Informed Consent & PAR-Q

PAR-Q signed

Informed Consent Signed

Terms of Membership

Policies & Rules

I hereby authorize GymOne, hereinafter called COMPANY, to initiate debit entries to my (our) **credit card** indicated above, and if necessary, to initiate credit or debit adjustments for any transaction processed in error. I (we) acknowledge that the orientation of the ACH transaction to my (our) account must comply with the provisions of the U.S. Law. This authorization is to remain in full force and effect until Company has received written notification from me or its termination. The notice must be received by the COMPANY no later than ten (10) business days before the next transaction effective date. Authorizations will be the sole property of GymOne. Signature \_\_\_\_\_

I hereby authorize GymOne, to initiate debit entries on my (our) **checking account and/or savings account** (s) at the receiving depository institutions indicated below, and if necessary, to initiate credit or debit adjustments for any transactions processed in error. I (we) acknowledge the orientation of ACH transactions to my (our) account must comply with the provisions of the U.S. Law. This authorization is to remain in full force and effect until Company has received written notification from me or its termination. The notice must be received by the COMPANY no later than ten business days before the next transaction effective date. Authorizations will be the sole property of GymOne. Signature \_\_\_\_\_

Route # \_\_\_\_\_ Account \_\_\_\_\_

Club Enhancement Fee: The amount of \$40.00. The purpose of the annual Club Enhancement Fee is to maintain the equipment and services provided by the facilities. This fee will be collected on August 31<sup>st</sup> each year. Signature \_\_\_\_\_