



New Membership Contract (EFT month to month)

(Please Print & See Back)

Date _____ Birth Date _____

Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email _____

Company _____ City _____

Emergency Contact _____ Relationship _____ Phone _____

Do you have any friends or family who would like to receive a complimentary membership?

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Principal Interests (please check all that apply)

Strength Training Cardiovascular Personal Training Nutrition
 Stretching Stress Reduction Weight Loss Other

How did you hear about us? (please check all that apply)

Yellow Pages Value Pack Town Paper Shoppers Postcard
 Friend Flyer/Brochure Comm. Event Street Sign Dr./PT Office
 Member: Name _____ Door Hanger Internet Other

OFFICE USE ONLY **CHECKS MAILED IN MONTHLY NOT ACCEPTED**

Membership Type: Individual _____ Family _____ Student _____ **EFT Only**

Monthly Dues _____ **Upon Joining Paid:** Dues _____ Enrollment _____ Trng _____ Total _____

Payment Details _____

Date Paid _____ Start Date _____ First Appt _____

Transaction Completed By _____ Promo Code _____

Medical Risks

I agree to participate in programs offered by Peoplefit LLC (“Peoplefit”) upon understanding that:

- ◆ I acknowledge that I have been advised of medical risks that may result from participation and I have consulted my personal physician and am physically capable of participation without injury.
- ◆ I recognize the risk of injury or death in any exercise program and am participating upon the express agreement and understanding that I am hereby assuming, on behalf of myself, my heirs, successors or assigns, all risk or responsibility for any injuries that I might sustain, including but not limited to the risk of death, as a result of my participation in the programs offered by Peoplefit and/or of my presence on the premises.

Cancellations & Freezes

I may cancel my membership at any time and for any reason. If the cancellation occurs within 30 days of joining, I will receive a full prorated refund of membership dues (refund does not apply to enrollment fee or to renewals and is only applicable when you join for the first time).

CONSUMER’S RIGHT TO CANCELLATION: YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON OR POSTMARKED BY CERTIFIED OR REGISTERED UNITED STATES MAIL WITHIN THREE (3) BUSINESS DAYS OF THE DATE OF THIS CONTRACT OR THE DATE OF YOUR RECEIPT TO THE ADDRESS SPECIFIED IN THIS CONTRACT.

I may put my membership on freeze if:

- ◆ I plan to be away for a month or more and can provide Peoplefit with verification that I will be away. (There is a limit of one freeze per year for a maximum of 60 days)
- ◆ I have a medical condition that is verified in writing by a physician.

CANCELLATIONS AND FREEZES MUST BE PUT IN WRITING AND DELIVERED IN PERSON OR POSTMARKED BY CERTIFIED OR REGISTERED UNITED STATES MAIL BY THE 15TH OF THE MONTH PRECEDING THE CANCELLATION OR FREEZE TO THE ADDRESS SPECIFIED IN THIS CONTRACT. If you deliver the letter in person, it is your responsibility to request a signed copy of the letter verifying receipt.

Applicant Signature _____ Date _____

Specific Center Guidelines

Center rules are not limited to these and are subject to change. These rules are enforced for your safety and convenience, as well as the safety and convenience of others. We appreciate your full cooperation.

- ◆ There is a 30 minute limitation on all cardiovascular equipment if members are waiting to use the equipment.
- ◆ There are times throughout the year that the center is closed or has reduced hours on weekends and/or holidays.
- ◆ Towels provided by Peoplefit are for showering only (not for the fitness floor).
- ◆ We respectfully request that fitness shoes are carried into the facility.

Applicant Signature _____ Date _____

EFT Monthly Payment Agreement: Payments are due ON or BEFORE the first of the month IN WHICH SERVICES ARE RENDERED. **I authorize Peoplefit to automatically withdraw monthly payments from my credit card/bank account.**

- ◆ If payment is late for any reason, a \$10.00 surcharge will be charged without further notice to you.
- ◆ If monthly dues payments are delinquent for 2 consecutive months your membership will be suspended until payment is made.
- ◆ The undersigned agrees to make membership payments at the agreed time regardless of the amount that she/he uses the center.

YOU ARE COMMITTED TO MONTHLY PAYMENTS. THIS CONTRACT WILL CONTINUE ON A MONTHLY BASIS UNLESS PEOPLEFIT RECEIVES A WRITTEN NOTICE BY CERTIFIED MAIL. NOTIFICATION RECEIVED BY THE 15TH OF THE MONTH WILL RESULT IN A CANCELLATION DATE OF THE END OF THAT MONTH. NOTIFICATION RECEIVED AFTER THE 15TH OF THE MONTH WILL RESULT IN A CANCELLATION DATE OF THE END OF THE FOLLOWING MONTH. The monthly dues cannot be raised during the first year of membership. After the first year, Peoplefit may raise the monthly dues with 30 days notice.

Applicant Signature _____ Date _____