

Fit for Life by Sheila Rolling, LLC

Membership Agreement

Name #1	Birthdate:	Name #2	Birthdate:	
Name #3	Birthdate:	Name #4	Birthdate:	
Mailing Address:			Home Phone:	
Mailing City/State:		Zip Code:		Cell Phone 1:
Email 1:		Email 2:		Cell Phone 2:
Employer:	Occupation:	How Long:	(yrs/mos)	Work Phone:
<input type="radio"/> NEW <input type="radio"/> RENEWAL <input type="radio"/> REWRITE	Name of Emergency Contact:	Relationship:	Emerg. Phone:	

Membership term is _____ months, beginning _____ / _____ / _____, expiring _____ / _____ / _____			
Total Sale Price	\$ _____	Down Payment Made By:	
Sales Tax	\$ _____	_____ Cash _____ Check	MC/VISA/DIS/AMEX (circle)
Processing Fee	\$ _____	Payment Schedule:	
Total Contract Price	\$ _____	_____ PIF _____ Monthly Plan	
Down Payment Rec.	\$ _____	Payment Forms:	
Unpaid Balance	\$ _____	_____ Books _____ EFT MC/VISA/DIS/AMEX (circle)	
I agree to and understand the following payment schedule:			
		MONTHLY PLAN	TYPE OF MEMBERSHIP:
\$ _____ per month for a period of _____ consecutive months beginning _____ / _____ / _____.			

Billing and Renewal - I understand that the company handling my membership payments is Crowne One. Their telephone number is (800) 733-8596. Membership Agreement will continue automatically, the "Renewal," with no additional membership fee at guaranteed dues of \$ _____ per _____ subject to current Club policies. Member may cancel Renewal by notifying Crowne One or Fit for Life a minimum of thirty (30) days in advance of desired cancel date and only after original Membership Agreement is complete.

Please refer all billing questions to Fit for Life.

MEMBER AGREES:

To abide by all rules and regulations of the Club, which may be amended from time to time. In recognition of the possible dangers connected with any physical activity, Member hereby knowingly and voluntarily waives any right of cause of action of any kind whatsoever arising from their activity, and furthermore releases the Club, its officers, agents, employees or instructors from any liability which may or could accrue.

To pay a \$10.00 late fee penalty if payment due is more than ten (10) days late. Should Member be more than 10 days past due, the Agreement may be considered in default, and the entire amount due could be accelerated. Should a default occur, Member agrees, if applicable, to pay all incurred late fees, all costs of collection including agency fees, court costs and reasonable attorney fees.

That no other representation is made other than what is agreed to in writing herein. Failure to use the Club does not relieve Member from obligation to pay as agreed to herein. If the Club is temporarily unavailable due to an event such as a fire or flood, Member privileges will be extended for the time that the Club was unavailable. If Club becomes permanently unavailable for any reason, and no other facility within a reasonable area is made available to Member, Agreement will become null and void.

Member authorizes the Club, its representatives agents and assigns to send communications via e-mail, including late payment notifications, solicitations and other correspondence.

CANCELLATION RIGHTS - YOU MAY CANCEL THIS AGREEMENT BY NOTIFYING CROWNE ONE OR FIT FOR LIFE WITHIN THREE BUSINESS DAYS AFTER RECEIPT OF A COPY OF THIS AGREEMENT. CANCELLATION NOTIFICATION MUST BE DELIVERED BY MAIL, POSTMARKED BY MIDNIGHT OF THE THIRD BUSINESS DAY, OR DELIVERED TO THE CLUB BY CLOSE OF BUSINESS OF THE THIRD BUSINESS DAY.

Medical Cancellation - Member may cancel this Agreement if, after a doctor's verification, member may not use a substantial part of the Club permanently. Such verification must be provided, and Member must be current in their payments and pay a \$50.00 early cancellation fee. Such verification must be provided, and Member must be current in their payments and pay a \$50.00 early cancellation fee.

Relocation Cancellation - Member may cancel this Agreement if moves his/her primary residence over thirty-five (35) miles from the Club, and no other facility within a reasonable area is made available to member. Member must be current in their payments and pay a \$50.00 early cancellation fee.

AUTHORIZED: _____ Member/Guardian Signature x _____ Date: _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS:

I (We) hereby authorize Crowne One, hereafter called COMPANY, to initial debit entries, and corrections thereto, to my (our) Checking, Savings, or Charge Card account indicated below and the depository or credit card named below, herinafter called DEPOSITORY.

DEPOSITORY (bank card) NAME _____ Credit Card Expiration Date _____ BRANCH _____
 ADDRESS _____ ROUTING NUMBER _____ ACCOUNTING # _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it, or until all payments due under this contract have been made.

NAME (S) _____ MEMBER # _____

DATE _____ SIGNED X _____ SIGNED X _____

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