

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:

Relationship:

Phone:

Address:

SPOUSE INFORMATION IF FAMILY MEMBERSHIP

Name:

Phone:

Date of birth:

CHILDREN/FAMILY (IF APPLIES)

Name/Age:

Name/Age:

Name/Age:

FOB INFORMATION

CHARGES

Type: Family/Individual/Discount

Tanning: Y / N

1.

4.

Base Total:

Payment Type: Cash or Autodraft (Circle one)

2.

5.

Additional Fees:

Total FOBs: (1-individual; 2-Family)

3.

6.

Additional FOB Fee:
(\$5.00 each)

Auto Draft:

Notes:

New Activation Fee: **\$15.00**

Due at Signing:

Tax: **9.5%** =

Total:

SIGNATURES (PLEASE READ AND INITIAL)

- _____ I authorize the verification of the information provided on this form as to my credit and employment.
- _____ I understand failure to remit payment will result in deactivation of key fob & a \$5 reactivation fee once account is brought current.
- _____ I understand any termination of my (our) membership must be submitted **IN WRITING** to The Gravette Gym no later than the 1st day of the desired month of cancellation; otherwise, fees will be due and termination will be effective the subsequent month.
- _____ I will abide by gym rules posted in The Gravette Gym facility and online. Failure to do so may result in early termination of membership.
- _____ I understand there will be a charge of \$15 for replacement of any key FOBs/Cards lost
- _____ CASH MEMBERSHIPS: I understand monthly fees are due no later than the 5th of each month.
- _____ AUTO-DRAFT: I understand auto-draft will occur on the 5th of each month (or Monday after, if on weekend.)

Signature of applicant:

Date:

Signature of spouse (*only Family membership*):

Date:

Gym Representative:

Date: