



Fitness Center Membership Application and Agreement

I/We desire to become members of Hidden Valley Lake Fitness Center and hereby provide the following information of our application:

Member(s) Information: Membership #: _____ Lot #: _____

Name: _____ Scan Code: _____
Last First MI Date of Birth

Mobile Phone: _____ Email Address: _____

Name: _____ Scan Code: _____
Last First MI Date of Birth

Mobile Phone: _____ Email Address: _____

Address: _____
Number & Street City State Zip

Family Members

Name _____ Age _____ Birth date _____ Scan Code: _____

Name _____ Age _____ Birth date _____ Scan Code: _____

Name _____ Age _____ Birth date _____ Scan Code: _____

Name _____ Age _____ Birth date _____ Scan Code: _____

EMERGENCY CONTACT: Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____

Fees and Dues:

Monthly Dues for the membership selected are \$ _____ per month. Monthly dues for the following month, along with authorized member charges will be collected electronically on the 15th of the month, unless previously paid by other means. All members must provide Electronic Funds Transfer information required below. In the event we are unable to collect payment electronically, the member will be notified, and payment must be made by other means, no later than the 20th day of the month in order to maintain membership privileges.

- I understand that all Enrollment Fees and Membership dues are subject to applicable state sales tax.
- I understand that all agreements are 12-month and will automatically renew on a month-to-month basis until cancelled by the member.
- I understand that my account will be charged and billed with the monthly billing for any programs and services not paid at time of registration.
- HVL POA dues must be current at all times or fitness membership will be suspended or terminated.

Acceptance and Agreement

I/We hereby agree to accept and abide by the terms of this Membership Application and Agreement. I/We understand that this membership agreement is for a term of twelve (12) months and will continue thereafter on a month-to-month basis unless cancelled by me (either of us). _____ Initials

I/We (Member) hereby authorize HVL Fitness Center/POA Office to effect payment for monthly dues and approved membership charges for the duration of my/our membership through electronic funds transfer. This authorization is to remain in full effect until Club has received WRITTEN NOTIFICATION from me (either of us) on cancellation in writing by fax, by certified letter, return receipt requested THIRTY DAYS NOTICE.

_____ Initials

Signature of Member

Date

Signature of Member

Date

Signature of Member

Date

Signature of Member

Date

Accepted by

Date

