

# FAIRVIEW FITNESS CENTER MEMBER JOINING PACKET

NAME: \_\_\_\_\_  
(FIRST) (LAST) (MIDDLE)

WHAT NAME DO YOU PREFER TO BE CALLED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_ (EXT): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_ Friend \_\_\_ Facebook \_\_\_ Instagram \_\_\_ Other (Please specify) \_\_\_\_\_

PREVIOUS FAIRVIEW FITNESS CENTER MEMBER:  No  Yes FROM \_\_\_\_\_ TO \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

OCCUPATION/PROFESSION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  Male /  Female

IN CASE OF EMERGENCY, CALL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## DISCLAIMER:

I have voluntarily enrolled at Fairview Fitness Center in either a structured exercise program or a program which permits self-guided recreational use of exercise facilities. I agree to indemnify and hold harmless Fairview Fitness Center, their respective employees from any and all liability or claims or damages resulting from injury, illness, or death which may occur from, or arise out of participation in said exercise programs.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**FOB #** \_\_\_\_\_

## PAYMENT AGREEMENT

PAYMENT METHOD:

<input type="checkbox"/>	Bank Draft
<input type="checkbox"/>	Credit/Debit Card
<input type="checkbox"/>	Payroll Deduction (complete Payroll Deduction Form) Industry: _____

**Gym Use for Minors:** Members **under the age of 14** will be required to have adult supervision in the building for the duration of their workout.

**MEMBERSHIP CATEGORIES**

**JOINING FEE**

**MONTHLY DUES**

___ REGULAR MEMBERSHIP	\$25	\$38
___ PLUS ONE FAMILY MEMBER*	\$25	\$29
___ EACH ADDITIONAL FAMILY MEMBER*	\$25	\$12

___ DISCOUNTED RATE** (circle below)	\$25	\$35
___ PLUS ONE FAMILY MEMBER*	\$25	\$29
___ EACH ADDITIONAL FAMILY MEMBER*	\$25	\$12

\*\*\*CARDIAC REHAB GRADUATE, PHYSICAL THERAPY TRANSFER, SENIOR CITIZEN (60 & OVER), PHYSICIAN, MILITARY, STUDENT (24 & UNDER) OR INDUSTRY WITH PAYROLL DEDUCTION

___ FAIRVIEW PARK HOSPITAL EMPLOYEE	\$25	\$32
___ PLUS ONE FAMILY MEMBER*	\$25	\$26
___ EACH ADDITIONAL FAMILY MEMBER*	\$25	\$10

___ ANNUAL PRE-PAID MEMBERSHIP***	\$0	\$420
___ PLUS ONE FAMILY MEMBER*	\$0	\$348
___ EACH ADDITIONAL FAMILY MEMBER*	\$0	\$144

\*ADDITIONAL FAMILY MEMBERS MUST BE IMMEDIATE FAMILY, RESIDING IN SAME HOUSEHOLD (IMMEDIATE FAMILY MEMBER IS DEFINED AS: SPOUSE & DEPENDENT CHILD UNDER 24 YEARS OF AGE)

\*\*\* ANNUAL PRE-PAYMENT MUST BE PAID IN FULL TO FAIRVIEW FITNESS CENTER BY CASH, CHECK OR CREDIT CARD/ DEBIT CARD.

Please note that although you are NOT under contract with our facility, you WILL BE BILLED MONTHLY WHETHER OR NOT YOU ARE ACTIVELY USING THE FACILITY, UNTIL YOU CANCEL YOUR MEMBERSHIP by completing a cancellation form for our record by the 10<sup>th</sup> of the month. Payment will be expected of any and all dues billed until written cancellation is received, Please see our staff for a cancellation form

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Staff Signature

