



MEMBERSHIP APPLICATION FORM

Member Information:

Last Name _____ First Name _____ MI _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone Number _____ Mobile Phone Number _____
 Email Address _____ DOB _____ Referred By _____

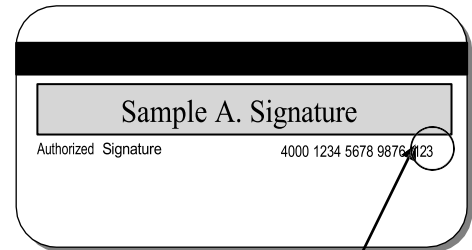
Membership Fee:

Membership fee is due and paid in full on the first of each month. The member's debit/credit card will be charged for the amount of the contract agreement noted below on the first of each month. For the month of enrollment, membership fee will be prorated accordingly to the number of days left of that month. Membership includes unlimited use of facility during business hours and unlimited scheduled workouts. **CANCELLATION:** Notice of cancellation must be made one month prior to the end of contract schedule. If notice of cancellation is not made, contract will be renewed with the same contract term listed below.

There will be a \$25 fee for a declined credit card transaction.

Contract Type: NEW _____ RENEWAL _____

- \$15.00** single walk-in workout
- \$75.00** one-time fee = On Ramp Class Fee ***WAIVED**
- \$90.00** = month-to-month membership contract to begin _____
- \$80.00** per month = 6-month membership contract to begin _____
 Current month prorate amount _____ date _____



Debit/Credit Card Type: VISA _____ MASTERCARD _____

Debit/Credit Card Account # _____ Exp. Date _____ **CVC** _____

Name on Card _____ Signature _____ Date _____

Debit/Credit Card Billing Address _____ City _____ State _____ **ZIP** _____

Member Authorization: I wish to authorize the purchase of services (membership) from Receptus Elite Fitness Training. I agree that I will pay for this purchase (membership) and indemnify and Receptus Elite Fitness Training, harmless against any liability pursuant to this authorization. By signing this Agreement, I acknowledge that I have read, understood, and agree with all terms and conditions of this agreement. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid from date noted above until the life of my membership.

***WAIVED Foundation Class Fee (\$75 value)**

With a 6-month contract only.