

# CENTENARY FITNESS CENTER

## MEMBERSHIP AGREEMENT

*\*denotes required fields*

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\*First Name \_\_\_\_\_ \*Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_  
Preferred name \_\_\_\_\_ \*Birth date \_\_\_\_\_ \*Marital Status \_\_\_\_\_  
\*Gender  Male  Female  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*E-mail Address \_\_\_\_\_ \*Mobile Phone \_\_\_\_\_  
\*How did you hear about the CFC? \_\_\_\_\_ \*

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\*Emergency Contact \_\_\_\_\_ \*Phone \_\_\_\_\_

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**Membership:** circle one \$240/yr. or \$25/mo.

*All Fitness Center members are required to register for a parking pass. Please provide information below and Fitness Center staff will complete parking registration for you.*

### Vehicle Info:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate number/State \_\_\_\_\_

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### \*Billing Information (choose one):

<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> Bank Account
<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	Name of Bank _____
Card No. _____		Routing No. _____
Exp. Date _____ Code _____		Account No. _____

You must submit proof of COVID-19 vaccination with application.

**This membership is for the use of Centenary's Fitness Center and all activities that apply within. I agree to adhere to all guidelines/policies stated and understand that if I do not comply my membership can be cancelled with no refund.**

\*By signature I agree to pay fees of \$ \_\_\_\_\_ for a membership with automatic annual or monthly renewal for one year. **This is a contract for a year membership.** Fees will remain the same for 12 months and may rise at the end of one year. The member will be notified in writing prior to any change in membership fees.

\*Print Name \_\_\_\_\_ \*Date \_\_\_\_\_  
\*Signature \_\_\_\_\_

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