

CENTENARY FITNESS CENTER

MEMBERSHIP AGREEMENT

**denotes required fields*

*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? _____ *

*Emergency Contact _____ *Phone _____

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 _____

*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. _____

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. 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 _____
