

Timber Town Fitness

Membership Application Form

First Name: _____ Last Name: _____

Gender: Male Female Date of Birth (MM/DD/YR): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Emergency Contact: _____

Email: _____ Emergency Contact PH#: _____

Employer: _____ Occupation: _____

Do you have any preexisting medical conditions or reoccurring injuries that may prevent you from exercising? _____

Please select the answer that best describes your reason for seeking membership

Weight Loss Strength Improved Health Increased Muscle/Toning

Are you interested in personal training? _____

Membership Type/Rate: Registration (\$50)

Month to Month:	12 Month Contract:	12 Month Prepaid:	Month to Month Senior:
<input type="checkbox"/> Single (\$39.99)	<input type="checkbox"/> Single (\$34.99)	<input type="checkbox"/> Single (\$400)	<input type="checkbox"/> Single (\$29.99)
<input type="checkbox"/> Couple (\$64.99)	<input type="checkbox"/> Couple (\$59.99)	<input type="checkbox"/> Couple (\$700)	<input type="checkbox"/> Couple (\$51.98)
<input type="checkbox"/> Family of 3 (\$79.99)	<input type="checkbox"/> Family of 3 (\$74.99)	<input type="checkbox"/> Family of 3 (\$850)	
<input type="checkbox"/> Family of 4+ (\$89.99)	<input type="checkbox"/> Family of 4+ (\$84.99)	<input type="checkbox"/> Family of 4+ (\$950)	

Member Name & Date of Birth: _____

12 month contract may be canceled for a buy-out of 50 percent of the remaining contract.

Initial: _____

Payment

Memberships are billed on the 5th of every month unless notified of cancelation. Cancelations must be made by the 25th of the month in order to opt out of the following month.

Payment Method: Credit Debit

Name on Card: _____

Billing Address (If different from above): _____

Credit Card Number: _____

Expiration: _____ / _____ CVC: _____

All declined transactions will result in a \$35 fee and a freeze of the membership plus a \$7.50 fee per key fob unreturned.

I agree to all terms and conditions regarding payment and membership terms. I understand that exercising can be inherently dangerous and could result in personal injury and/or death. I understand that Timber Town Fitness is a 24 hour facility and at certain times of the day the facility will not be attended by staff. If during unstaffed hours I allow non-members to enter the facility using my membership, my account will be frozen until a fee of \$10 per person, per occurrence is paid to Timber Town Fitness. I also understand that I may face legal penalties for such action. All non-members who attempt to use the facility with-out payment will be considered as trespassers.

Member Name: _____ Signature: _____ Date: _____

Member Name: _____ Signature: _____ Date: _____

For Official Use Only

Monthly Payment Amount: _____	Registration & Prorate Amount: _____
Subscriber ID: _____	Key Card ID's: _____
Membership Date: _____	TTF Employee: _____