

MEMBERSHIP FORM



PLEASE COMPLETE THE FOLLOWING:

Name: Mr./Mrs./Miss/Ms. _____
 Membership: Individual / Corporate Previous Member: Yes or No
 ProxCard #: _____ Co. / FC Who Referred you? _____
 Email Address: _____ Membership #: _____

Please make check payable to: The Manufacturers Life Insurance Company USA (if individual)
 OR See your company corporate membership coordinator (if corporate group)

RIGHTS OF MEMBERSHIP

My membership will entitle me to make use of the Fitness Center and its facilities subject to payment of the charges set by the Fitness Center for such use, and completion of all forms. My membership does not confer upon me any ownership interest in the Fitness Center or its property.

ANNUAL DUES AND OTHER CHARGES

I understand there are quarterly, bi-annual or annual membership rate options and additional charges that may apply for other specialized services and programs. A list of the current membership rates is available at the front desk. I am aware that the Fitness Center reserves the right to change the amount of dues and charges, as deemed necessary. I understand that it is my responsibility to comply with the Fitness Center protocols for new member induction, including acquiring a Physician's Release, if indicated as necessary, within 20 days. All membership monies submitted will be processed immediately and are not refundable. A \$25 service charge will be imposed for all checks returned due to insufficient funds. A \$5.00 Admin-doc Fee will be added to all members who have not renewed within 2 weeks of his/her expiration date, and before reactivating a file that has been cancelled within 6 months. A cardkey is required to access the fitness center, and will be activated upon completion of forms. If a tenant does not have a cardkey, a cardkey will be issued with a \$20.00 refundable deposit. All payments should be made in the form of check; credit cards are not accepted.

AGREEMENT

The undersigned, in consideration of being accepted as a member of the Fitness Center, hereby understands and agrees to comply with all of the rules and regulations of the Fitness Center which may be established from time to time in connection with the undersigned's membership in the Fitness Center and use of its facilities. The rules and regulations may be obtained from the Fitness Center office. I may resign from the Fitness Center at any time. I will not however be entitled to any refund of any portion of the dues nor be able to transfer my membership to another individual for any reason. I further understand that The Manufacturers Life Insurance Company USA may revoke my privileges to use the Fitness Center at any time, at its sole discretion. I agree to be bound by and obey all the rules of The Manufacturers Life Insurance Company USA, Health Fitness Corporation and the Fitness Center Staff in my use of the facilities and in my participation in the health and fitness program activities. Disobeying the rules or disrespecting the staff and/or other members will not be tolerated and could result in membership termination, without any obligation or entitlement to reimbursement.

I hereby acknowledge having read and understand all the rules, terms and provisions expressed herein.

Signature: _____ Date: _____

OFFICE USE ONLY:

Sign-Up Date: _____	Approved By: _____	
Check # & Amount: _____	Expiration Date: _____	
<i>Check # & Amount -or Reason for Extension</i>	<i>Staff Initial</i>	<i>New Expiration Date</i>