

The Living Well Fitness Center
 206 E. Paterson St., Kalamazoo MI 49007
 (269) 343 - 9675

MEMBERSHIP APPLICATION & AGREEMENT

Member # _____ Date: _____

Name (Last, First) _____ MI _____ Birth Date _____ Age _____ Home phone/Cell _____

Current Mailing Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State Issued _____ Email _____

Employer _____ Occupation _____ Work Phone _____

In Case of Emergency Contact _____ Relationship _____ Phone/Cell _____

Medical Alerts? (Please list) _____ How did you hear about us? _____

MEMBERSHIP TYPE	MEMBERSHIP DESCRIPTION	INVESTMENT
<input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other Cost of Dues \$ _____	_____ Term: _____ Expiration Date: _____	Annual Enrollment Fee \$ _____ Dues \$ _____ Total Paid \$ _____

Authorization Agreement – Please read carefully

I, _____ authorize my bank to make payment by the method indicated below and post it to my account. I extend this authorization to the Living Well Fitness Center (owned and operated by Mt. Zion Baptist Church) and or/its authorized agents or firms engaged in the business of processing check and charge card debits. I understand that this authorization shall remain in force until I give the LWFC 30 days written notice of my intent to end my membership.

- If I decide to end my membership, I agree to return my membership card with my 30 days written notice. I also agree to pay an early termination fee of \$50.00. _____ (Member Initials)
- Regardless of what payment method is utilized, I understand and authorize one more payment submitted/drafted within the 30 day cancellation period. _____ (Member Initials)
- I further understand that during the 30-day notice period, I will have access to the facilities and services of the LWFC, and that I am responsible for the monthly dues during that period. _____ (Member Initials)

Method of Payment: Checking _____ Savings _____ ACH Debit _____ Master Card _____ Visa _____ Amex _____ Discover _____
 (Must attach voided check)

Credit Card Account # _____ Expiration Date _____

Number of Payments _____ Amount of Payments _____ 1st Due Date _____

Bank Name _____ Name on Account _____

Bank Routing Number _____ Account # _____

Date _____ Member Signature _____