

COFFEE STREET FITNESS Membership Contract

Date _____ Member # _____ Pin _____
Primary Member Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Cell: _____
e-mail: _____
Emergency Contact Name: _____ Phone _____

Commitment Option	Effective 2016 Membership + Tax
____ Month to Month Option – Adult (Age 18 and over) _____	\$40.00 per month (+\$3.15)
Annual:	
____ Individual – Adult (Age 18 and over) _____	\$30.00 per month (+\$2.36)
____ Add 1 adult from same address, Name: _____	+ \$30.00 per month (+\$2.36)
____ Add 1 child Age 10-18 from same address, Name & DOB: _____	+ \$12.00 per month (+\$.94)
____ Add 2-3 children Ages 10-18 from same address - list children's Name(s) & DOB: _____	+ \$23.00 per month (+\$1.81)
____ / ____ / ____ ; _____ / ____ / ____ ; _____ / ____ / ____ .	
____ Family: 2 adults & children Ages 10-18 same address - list children's Name(s) & DOB: _____	+ \$63.00 per month (+\$4.96)
____ / ____ / ____ ; _____ / ____ / ____ ; _____ / ____ / ____ .	
____ Student only (Age 16-18) - Name and DOB: _____ / ____ / ____	\$120.00 per year--Cash (+\$9.45)

*** **Total Annual Commitment Option Membership** -- (Add **7.875%** MN sales tax) \$ _____ **per month** ***

Please note: As the primary member with a Commitment Membership, you are agreeing to make monthly payments until the member notifies the Coffee Street Fitness Club that they would like to suspend or terminate their membership. This notification must be given prior to the end of the last month in which the member works out. The member has the privilege of adding or subtracting – on a month to month basis - 1 adult and/or children ages 12 - 18 residing at your same address. Call us before the end of a month to add or delete so that you pay accordingly for the following month.
Sandy Tammel @ 507-272-3731

Payment Terms, Conditions, Options

I (please print) _____, as the Primary Member of Coffee Street Fitness agree to pay the appropriate membership fee plus the applicable tax. This fee is non-refundable and covers the first month of the membership contract as well as allows you and others under your membership to use the center immediately and throughout the remainder of my sign-up months. Furthermore, beginning with the month following my sign-up month, I agree to pay my monthly Coffee Street Fitness membership within the 30-days of each month of my sign-up date. I understand that if, for any reason, I fail to make my monthly membership payment by the designated day of each month my membership will be in default and I will immediately forfeit my membership privileges.

I HAVE READ AND SIGNED THE WAIVER AND RELEASE FORM ON THE BACK SIDE AND WILL REVIEW THE RULES AND REGULATIONS POSTED BEFORE USING COFFEE STREET FITNESS.

I understand my membership choices, terms, conditions and financial obligations. I will review and follow fitness center rules posted at the center. I understand that the success and continuance of Coffee Street Fitness is dependent upon my honest, respectful and considerate use of the facilities and equipment as well as my active promotion to new members and guests.

I ALSO UNDERSTAND THAT I SHALL NOT SHARE MY ACCESS CODE WITH ANY NON-MEMBERS OR BRING ANY NON-MEMBERS INTO THE FACILITY OR I COULD LOSE MY FUTURE PRIVILEGES OF HAVING A MEMBERSHIP

Signature: _____ Date: ____ / ____ / ____

Payment by: (check one)

____ Electronic Funds Transfer

Attach 1st month payment and a VOIDED check

Name on Account _____

Checking Account # _____ Bank Routing # _____

Signature: _____

____ Charge my Credit card:

Card # _____ exp. date ____ / ____

Name as it appears on the credit card: _____

Signature: _____ Date: ____ / ____ / ____

> >>> PLEASE REVIEW AND SIGN WAIVER AND RELEASE ON BACK OF PAGE. THANK-YOU >>>