



Action Fitness
 102 Coffee Street, Lanesboro, MN 55949
 angie@actionfitnesslanesboro.com

Membership Contract

Member Information:

First Name: _____ Last Name: _____
 Children/Ages: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Email Address: _____
 Student Cell: (____) _____ Home Phone: (____) _____
 Emergency Contact Name: _____ Phone: (____) _____

Annual Option (place x in front of your option):

	Individual adult (age 18+): \$33 per month		Couple/Family: \$55 per month
	Parent / +1 Child: \$43 per month		Student (annual): \$125
	First Responder: \$28 per month		Senior Citizen (65+): \$28 per month

*As an annual member, you are agreeing to make monthly payments for 12 months. 7.875% tax is in addition to monthly fee.
 **Student memberships must be paid in full by check (\$125 + 9.84 tax = \$134.84)

Non-Annual Memberships:

_____ Adult month-to-month (Age 18+) \$42
 _____ Couples / Families \$70
 _____ 1-Day Pass \$8
 _____ 7-Day Pass \$20

As the primary member with a Month-to-Month Commitment, you are agreeing to make monthly payments until the member notifies Action Fitness that they would like to suspend or terminate their membership. This notification must be given 15 days prior to their expiration month.

Payments Terms / Conditions / Options:

- A) I, _____, as the primary member of Action Fitness LLC, agree to pay the appropriate membership fee plus the applicable tax via Electronic Funds Transfer (EFT).. This fee is non-fundable and covers the month-to-month or annual membership contract as well as allows me and others under my membership to use the center immediately and throughout the remainder of my contract. I understand that if, for any reason, my account has insufficient funds, I am in default, and I will immediately forfeit my member privileges.
- B) I, _____, have read and signed the wavier and release form. I understand that I shall not share 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.

Signatures / Bank Account Info:

I agree to participate fully in the program from beginning to end. I realize that failure to do so will result in removal from the program.

Signature: _____ Date: ____/____/____
 (Parent signature required if under 18 years of age)

Printed Name: _____

Please include a voided check for electronic funds transfer (EFT).

Complete & sign both sides or sign up online at www.actionfitnesslanesboro.com