



WELLNESS & ATHLETICS CENTER Membership Application

Member's Name: _____ Date of Birth: ____/____/____ Age: ____ Sex: M F
First Last

Employer: _____ Phone: ____/____/____

Spouse's Name: _____ Date of Birth: ____/____/____ Age: ____ Sex: M F
First Last

Employer: _____ Phone: ____/____/____

Home address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Email address: _____

Name of Dependents (If applicable): _____ Date of Birth: ____/____/____ Age: ____
First Last

_____ Date of Birth: ____/____/____ Age: ____
First Last

_____ Date of Birth: ____/____/____ Age: ____
First Last

Emergency Contact: _____ Phone: ____/____/____ Work Phone: ____/____/____
First Last

Relationship: ____ Family ____ Friend

TYPES OF MEMBERSHIP:

Regular: Includes access to fitness center and pool during regular WAC hours.

Pool Only: Includes access to pool during regular hours.

MEMBERSHIP INFORMATION:

Members from the community will pay for membership fees via an electronic funds transfer (EFT) from their checking or savings account. Members must complete an EFT form and attach a *voided* check or a savings deposit slip with this application form. Debit or credit cards can be used if paying in 6 month or 1 year increments.

(Over)

MEMBERSHIP TYPE & FEES: Please select one of the following

<u>Sunrise</u>	<u>Monthly</u>	<u>Village Resident</u>	<u>Monthly</u>	<u>Pool</u>	<u>Monthly</u>
<input type="checkbox"/> Single	\$45	<input type="checkbox"/> Single	\$27.50	<input type="checkbox"/> Single	\$45
<input type="checkbox"/> Individual + 1	\$85	<input type="checkbox"/> Individual + 1	\$47.50	<input type="checkbox"/> Individual + 1	\$85
<input type="checkbox"/> Family	\$110	<input type="checkbox"/> Family	\$60	<input type="checkbox"/> Family	\$110
<u>Regular</u>	<u>Monthly</u>	<u>Corporate & Alumni</u>	<u>Monthly</u>	<u>Tennis</u>	<u>Monthly</u>
<input type="checkbox"/> Single	\$55	<input type="checkbox"/> Single	\$39	<input type="checkbox"/> Single	\$45
<input type="checkbox"/> Individual + 1	\$95	<input type="checkbox"/> Individual + 1	\$69	<input type="checkbox"/> Individual + 1	\$75
<input type="checkbox"/> Family	\$120	<input type="checkbox"/> Family	\$89		

CANCELLATION:

Monthly dues will be drafted approximately the first week of each month and will cover the member's dues for the month of the draft. To cancel, members must provide the WAC with a 30 day written notice.

AGREEMENT:

I hereby apply for membership into the Hendrix Wellness and Athletic Center and agree to and be bound by the rules and regulations applicable to my membership as they are now written or may hereafter exist.

The Wellness and Athletic Center (WAC) may revoke my membership for any reason at any time, including, but not limited to, nonpayment of account balances and/or the breaking of WAC rules/policies.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Guardian Signature (if applicant is a minor): _____ Date: _____

Staff Signature: _____ Date: _____

OFFICE USE ONLY:

Membership ID #: _____ Joining Date: _____ Expiration Date: _____

Electronic Funds Authorization Form Completed? *(must be completed if paying for a membership)* Yes No

Monthly Draft Amount: _____ WAC Staff Signature: _____ Date: _____

Received by: _____