

membership application

personal information

NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____
DATE OF BIRTH _____ SOCIAL SECURITY # _____
EMPLOYER _____
TITLE _____
BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP _____
BUS. PHONE _____
FOR EMERGENCIES, CONTACT _____

banking information

AUTOMATIC MONTHLY PAYMENT PLAN: BY INITIALIZING THIS PROVISION AND SIGNING THIS AGREEMENT, I HEREBY AUTHORIZE MECCA GYM & SPA TO MAKE THE FOLLOWING WITHDRAWALS FROM MY BANK ACCOUNT OR CHARGES TO MY CREDIT CARD ACCOUNT.

INITIATION FEE \$ _____ BUYER INITIAL IF APPLICABLE _____
MONTHLY FEE \$ _____ PLUS TAX MONTHLY FOR _____ CONSECUTIVE MONTHS
BEGINNING _____, 20____.

THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT THE INITIAL TERM OF MY MEMBERSHIP. I FURTHER AUTHORIZE SAID COMPANY TO MAKE ADDITIONAL WITHDRAWALS/CHARGES AS MAY BE AUTHORIZED AND INCURRED IN ACCORDANCE WITH THE TERMS OF THIS MEMBERSHIP CONTRACT WITHOUT PRIOR NOTICE TO ME. REVOCATION OF THIS AUTHORIZATION DURING THE INITIAL TERM OF MY MEMBERSHIP CONSTITUTES A DEFAULT OF THIS CONTRACT.

NAME OF AUTHORIZED BUYER (PLEASE PRINT) _____ DATE _____

IF CREDIT CARD PAYMENT METHOD SELECTED, COMPLETE THE FOLLOWING:

MASTERCARD VISA AMEX

ACCT. NO. _____ EXP. DATE _____

IF CHECKING ACCOUNT PAYMENT METHOD SELECTED, COMPLETE THE FOLLOWING (AND INCLUDE A VOIDED CHECK):

NAME OF BANK _____ ACCT. NO. _____

agreement

IF YOU ARE UNDER THE CARE OF A PHYSICIAN, HAVE RECENTLY BEEN UNDER THE CARE OF A PHYSICIAN, OR HAVE EXPERIENCED ANY SIGNIFICANT MEDICAL PROBLEMS, THIS INFORMATION SHOULD BE DISCLOSED AND CLEARANCE FROM YOUR PHYSICIAN SHOULD BE OBTAINED. IF YOU HAVE NOT UNDERGONE A PHYSICAL EXAMINATION, IT IS RECOMMENDED THAT YOU DO SO BEFORE BEGINNING AN EXERCISE PROGRAM.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY MECCA GYM & SPA. I UNDERSTAND THAT MECCA GYM & SPA MANAGEMENT RESERVES THE RIGHT TO TERMINATE ANY MEMBERSHIP WITH OR WITHOUT CAUSE, AT ANY TIME. I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PROVIDED BY ME IS ACCURATE AND THAT I HAVE READ AND UNDERSTAND THE PRECEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED ABOVE.

MEMBER SIGNATURE _____ DATE _____

MECCA GYM & SPA REPRESENTATIVE _____ DATE _____

HEALTH SPA REGISTRATION No. 20000030

