



THE UNIVERSITY OF MAINE AT MACHIAS

Member Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Birth Date: ____ / ____ / ____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Relationship to emergency contact: _____

Type of Membership

- Individual (\$25.00)
- Additional Member Name (+\$10.00) : _____ D.O.B: ____ / ____ / ____
- Additional Member Name (+\$10.00) : _____ D.O.B: ____ / ____ / ____
- Additional Member Name (+\$10.00) : _____ D.O.B: ____ / ____ / ____
- Additional Member Name (+\$10.00) : _____ D.O.B: ____ / ____ / ____
- Additional Member Name (+\$10.00) : _____ D.O.B: ____ / ____ / ____

Billing Options: Installment Billing Recurring Credit Card (Must complete authorization form below).

*Memberships are non-transferable and are to be used only by the person to whom it is issued. Memberships are nonrefundable except in cases of physician-verified illness. Memberships may be frozen once per year for a period of no less than 30 days and not more than 90 days (excluding business members).

All members and guests must be read and sign a Risk and Release Form.

Authorization for Recurring Membership Charges

1. One month's payment (the fee will be prorated if you join after the 2nd of the month) is required at the time of joining.
2. Membership fees are drafted on the 2nd of each month. Occasionally the draft may be slightly delayed due to bank holidays, technical delays, or other issues.
3. It is the responsibility of the member to maintain sufficient funds to cover all drafts and to inform the Fitness Center of any changes in account information. If drafts are refused for any reason, your membership will be suspended immediately. Should a payment not be resolved by the end of the month, a \$25 service fee will be assessed by the Fitness Center and must be paid in addition to any unresolved payments before the service will resume.
4. Membership rates are subject to change as determined by the Fitness Center. In the event of a change in fees, notice will be provided to the member in writing 30 days in advance. Notice will be mailed to the address of record at the Fitness Center as furnished by the member. It is the member's responsibility to maintain current address information with the Fitness Center.

I hereby authorize University of Maine at Machias Fitness Center to charge the amount of

\$ _____ to my credit card as an initial membership payment AND

\$ _____ to my credit card each month thereafter to pay for services rendered.

This authorization will remain in effect until the Fitness Center receives proper written cancellation notice from me for cancellation of membership as stated above. Any incorrect charge will be corrected upon notification to the Fitness Center.

My signature signifies that I have read and understand this agreement.

Member's Name (Please Print)

Member's Signature

Member's Mailing Address (for the cr. Card account)

City

State

Zip

Date: ___ / ___ / _____

Method of Payment: _____ Credit Card (Visa, MasterCard, Discover)

Credit Card Number _____ Expiration Date ___ / ___

Security # ___

E-Mail Address: _____ Phone: _____