

# COFFEE STREET FITNESS Membership Contract

Date: \_\_\_\_\_ Member # \_\_\_\_\_ Pin \_\_\_\_\_

Primary Member Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

## Month to Month Commitment Option:

**Add Tax**

\_\_\_\_ Month to Month Option – Adult (Age 18 and over) \_\_\_\_\_ \$42.00 per month **(+\$3.31)**

## Annual Option:

\_\_\_\_ **Individual:** Adult (Age 18 and over) \_\_\_\_\_ \$33.00 per month **(+\$2.60)**

\_\_\_\_ Add 1 adult from same address -- Name: \_\_\_\_\_ + \$30.00 per month **(+\$2.36)**

\_\_\_\_ Add 1 child Age 10-17 from same address, Name & DOB: \_\_\_\_\_ + \$13.00 per month **(+\$1.03)**

\_\_\_\_ Add 2-3 children Ages 10-17 from same address - list children's Name(s) & DOB: \_\_\_\_\_ + \$25.00 per month **(+\$1.97)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ; \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ; \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

\_\_\_\_ **Family:** 2 adults & children Ages 10-17 same address - list children's Name(s) & DOB: \$71.00 per month **(+\$5.59)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ; \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ; \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

\_\_\_\_ **Senior Citizen** (Age 65 & over) -- Attach copy of Medicare card: \_\_\_\_\_ \$28.00 per month **(+\$2.21)**

\_\_\_\_ Add 1 adult from same address (Age 65 & over) -- Name: \_\_\_\_\_ + \$22.00 per month **(+\$1.74)**

\_\_\_\_ **Student only** (Age 15-17): Name and DOB: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$125.00 per year--**Cash (+\$9.85)**

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

**\*Please note: As an Annual Member you are agreeing to make monthly payments for an entire year.**

As the primary member with a **Month to Month Commitment Membership**, you are agreeing to make monthly payments until the member notifies Coffee Street Fitness Club that they would like to suspend or terminate their membership. This notification must be given 15-days prior to their expiration month. The member has the privilege of adding or subtracting – on a month to month basis – 1 adult and/or children ages 10 - 17 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 name) \_\_\_\_\_, 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 me and others under my membership to use the center immediately and throughout the remainder of my sign-up month. 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 \*\*\***

**I understand my membership choices, terms, conditions and financial obligations. I will review and follow fitness center rules posted at the center before using Coffee Street Fitness 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Parent Signature required if under 18 years of age)

Payment by:

\_\_\_\_ Electronic Funds Transfer (EFT)

**Please include a check for 1<sup>st</sup> monthly payment.**

**I authorize subsequent monthly payments to be automatically deducted from this account:**

Name on Account \_\_\_\_\_

Checking Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_ (9-digits)

➤ Signature: \_\_\_\_\_