



**EASTLAKE
ATHLETIC CLUBS**

WWW.EASTLAKECLUBS.COM

Membership Agreement

Payments:

- Paid In Full
- Month EFT
(Fill EFT Form)

Date: Staff Member:

Membership Type:

- Individual..... \$29/month
- Senior..... \$25/month
- First Add-On..... \$19/month
- Second Add-On..... \$5/month
- Family..... \$58/month
- Month-to-Month..... \$49/month
- Student..... \$19/month
- Silver Sneaker..... \$0

Enrollment Fee:

- Individual \$25.00
- Family \$50.00

Key Fob:

\$10.00/person
 # of People: _____
 Key Fob Total: _____

Total Due Today: _____

Total Due Monthly: _____

Primary Member Information:

Name _____ Birth Date _____
 Address _____ City, State, Zip _____
 Home Phone _____ Cell Phone _____ Employer _____
 Email _____

Additional Member(s) to be Included on Membership:

Additional members must be of the same household or family.

Name _____ Birth Date _____
 Email _____ Cell Phone _____

Name _____ Birth Date _____
 Email _____ Cell Phone _____

Name _____ Birth Date _____
 Email _____ Cell Phone _____

Terms: This authority is to remain in effect for a minimum of 12 months from the date upon which monthly dues billing commences. The club guarantees the above monthly dues fee will not be increased more than once in any 12 month period.

Terms of Membership:

I hereby apply for membership at clubs managed and operated by Eastlake Clubs, Inc. (EAC). I understand that this application is subject to the review and approval of the club management. Upon acceptance of this application the undersigned shall receive membership rights and agrees to abide by all rules and policies of EAC. These rules are subject to change without notice when management deems it necessary and in the best interest of the club and it's members. I understand that my membership may be terminated by EAC if I am in violation of the club's rules and policies, conduct myself in a manner which is deemed inappropriate or disruptive to other members, or make false representation of information contained in this application. I will not be entitled to any refund of the enrollment fee or dues paid up to the date of termination. Upon termination of my membership, I am responsible for any outstanding balance due and any reasonable attorney fees and/or collection fees acquired in collection of payments due. EAC may be closed during certain legal and non-legal holidays, and restrict hours based on court utilization. Use of the club or facilities is also subject to interruption for needed repairs and maintenance. I understand that the enrollment fee is a one-time charge contingent upon continuous membership and must be included with my first payment. If I elect to pay in full, the membership is annual and self-renewing and may be terminated only at the end of an annual period. The initial payment of membership fees and monthly dues is not refundable unless cancelled in writing three days of purchase.

I understand that this membership is continuous and requires no annual renewal and that my membership is in effect for a minimum of twelve months. If I decide to cancel my membership (after the 12 months), I will provide the club with 30 day written notice.

Waiver of Liability:

EAC shall not be held responsible or liable by any member or guest for injury to person, or damages or loss of property for any reason. The undersigned is familiar with the risks and perils inherent in sport activities conducted here at EAC, and further the undersigned is undertaking such sports activities; therefore in consideration of being permitted to become a member or guest of EAC, the undersigned hereby voluntarily assumes all risks of personal injury, property damage and/or participation in any of these sport activities sponsored by EAC, and further the undersigned hereby releases EAC and it's officers, agents and employees from very claim, liability, or demand of any kind or on account of any personal injury, property damage, or other damages resulting from or in any way associated with the undersigned's entry upon property of EAC and participating in said sport activities. I understand that when using 24 hour facility that they are under video surveillance in all common areas, EAC will furnish a panic system that is to be in use when ever the facility is not staffed by an EAC staff member. The pushing of panic buttons for non-emergency purposes that result in fees charged by emergency responders will be charged to the member(s) involved. Further the undersigned confirms that he/she has read and understands this release.

Signature

Date

ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PROGRAM AUTHORIZATION

Account Holder Information

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Authorization for Checking/Savings Account (ACH)

Account Holder's
Bank Name _____

Branch City _____ State _____ Zip _____

Bank Routing
Number (9 Digits) _____ Bank Account Number _____



Account Type Business Checking
 Personal Checking
 Personal Savings

Authorization for Credit Card EFT

Name as it
appears on the
your card _____

Credit Card
Number _____

Expiration Date

Card Type Visa
 Master Card
 AMEX
 Discover

Authorization _____

Signature of Print Date
Account Holder Name

Ways to submit the application:

1. Fill in the application, save and E-mail it to jeremys@eastlakeclubs.com. We will contact you.
2. Fill in the application, print, sign and bring it with you to one of clubs.