

## The Centre MEMBERSHIP APPLICATION

<b>Name:</b> _____				<b>Membership Type:</b>	
Last	First	Middle	Single   Double   Family		
<b>Address:</b> _____				Student   Youth   SS	
<b>City:</b> _____		<b>State:</b> _____		<b>Zip:</b> _____	
<b>Home Phone:</b> _____		<b>Work Phone:</b> _____		<b>E-mail:</b> _____	
<b>Birthdate:</b> _____		<b>Employer:</b> _____		<b>Township:</b> _____	
<b>Emrg Contact:</b> _____		<b>Phone:</b> _____			
<b>Other Family Members:</b>				<b>Extra Cost Items:</b>	
<b>Name</b>	<b>DOB</b>	<b>M/F</b>	<b>Employer</b>	_____ Towels	
				_____ Towels	
				_____ & Locker	
<b>Previous Fitness Memberships:</b> (Circle all that apply)					
<input type="checkbox"/> YMCA <input type="checkbox"/> Snap Fitness <input type="checkbox"/> Curves <input type="checkbox"/> Anytime Fitness <input type="checkbox"/> Other (Please List): _____					
<p>All members are required to present a valid membership card for identification when using Centre facilities and programs. Membership privileges and cards are not transferable and remain the property of the New Richmond Area Centre, Ltd., and must be returned upon request.</p> <p>Membership in the New Richmond Area Centre, Ltd. continues on a month to month basis indefinitely until written notice of cancellation is provided by the member or by the Centre in accordance with its policies and procedures. I understand termination requires a 15 day notice prior to draft date. The terms and conditions of membership are subject to change. By signing this application, I agree to abide by all terms, conditions, policies and procedures, including any future changes that are approved by the Board of Directors in furtherance of its Bylaws and its goals and mission.</p> <p>I understand and agree that I, and my family, are solely responsible for determining whether my health condition is proper to allow me to participate in athletic, sports or activities programs or the use of any equipment. I agree that the New Richmond Area Centre, Ltd. its officers, agents and employees are not responsible for any injuries or illnesses that I may suffer as a result of participation in any activity sponsored by the Centre or resulting from the use or misuse of any equipment. I explicitly release and discharge the New Richmond Area Centre, Ltd. and its officers, agents and employees from any claim for injury, death, loss or damage I may suffer as a result of activities at the Centre facility or sponsored by the Centre.</p> <p>The New Richmond Area Centre, Ltd. periodically takes pictures of members and participants to use for promotional purposes and program materials including program brochures and the New Richmond Area Centre, Ltd. website. If you do not want pictures of yourself or your family used in this way, please visit the Welcome Center.</p> <p>I understand and agree that the New Richmond Area Centre, Ltd. is not responsible for any property lost or stolen at the Centre's premises or while I am participating in any Centre activity.</p>					
<p>I authorize the New Richmond Area Centre, Ltd. to initiate debit entries to my checking account for my monthly dues and any other optional charges that I incur at the facility or as a result of my membership. For routing purposes please attached a voided check. Draft Date: ____1st ____15th    Credit Card ____ Debit Card ____ Checking ____ Savings ____</p> <p>Financial Institution: _____ City/State: _____</p> <p>Bank Routing/Transit #: _____ Account #: _____</p> <p>Exp Date: _____</p>					
<b>I have read the above terms and conditions on this application and I agree to abide by all of the provisions.</b>					
Applicant: _____				Date: _____	
Centre Representative: _____				Date: _____	