



Professional Grade Training

Flex Fitness & Health LLC Membership Agreement

Member Name: _____

Date or Purchase: __/__/__

- 1. This agreement, once executed, states that payments will be withdrawn from members' bank account (monthly/yearly) until the member notifies Flex Fitness & Health to cancel membership.**
- 2. Member must give 30 day notice on all cancellations.**
- 3. All members must be 18 or over, or over the age of 12 and accompanied by an adult.**

Memberships

__ Month to Month	\$39.99x__=\$_____	Due on __ of each month
__ Yearly	\$399.99x__=\$_____	Due on __/__/__ of each year
Family Plan (up to 4 Family Members)	\$129.99=\$_____	Due on __ of each month
__ Military	\$19.99x__=\$_____	Due on __ of each month

Member Info

Cell Phone # _____ - _____ - _____ Mobile service is with: _____

Email (please print clearly) _____

Billing Address of Card on File _____

City _____ State _____ Zip code _____

I understand that by signing below, I am committing to purchase the memberships and financing above. I also agree to the following rules listed above that this membership will need a 30 day notice for cancelling once executed no matter what the reason or emergency- NO EXCEPTIONS.

All financing arrangements above are filled in and clearly understood _____ (INT.)

Member Signature

____/____/_____
Date

(2)Member Printed

(2)Member Signature

(3)Member Printed

(3)Member Signature

(4)Member Printed

(4)Member Signature

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Office use only

- Entered all names, addresses, cell phone, and emails of clients?
- Put this sheet in members folder?
- Entered membership number in profile?
- Entered CC # and billing info?
- Checked billing date?

Employee name _____ Date __/__/__