

FORTE

MEMBERSHIP AGREEMENT



MEMBERSHIP TYPE:

- _____ TEAM \$110/MONTH
_____ REC 1 CLASS/WEEK \$55/MONTH
_____ REC 2 CLASSES/WK \$95/MONTH
_____ REC 3 CLASSES/WK \$125/MONTH

Name of Member		DOB	
Street Address	City	State	Zip
Emergency Contact		Emergency Phone	
Do you have any limitations, physical or otherwise, to exercise? If yes, please describe them here:			
Participation in activity is entirely voluntary and I hereby state that I am physically sound and that I have received medical approval to proceed with normal routine exercise.			<u>Initial Here</u>

I authorize Forte Fitness Center LLC to post payment to my bank card or credit card, as provided. I understand that my first month's payment will be charged today (_____), and my auto-debit will occur on this same day each month thereafter. I understand that once a payment is made, it is non-refundable; I agree to provide Forte Fitness Center LLC written notice of cancellation at least 24 hours prior to the next automatic payment.			<u>Initial Here</u>
Monthly Amount	Signature	Today's Date	Staff Initials

Card Number		Expiration date	Security Code