

Wilber Wellness Membership Agreement

Contract Options and Costs

12 month contract

Paid in full at application.....\$384.00

\* Earns 2 months FREE for a total of

14 months

12 month contract

Paid monthly.....\$32.00/month

6 month contract

Paid monthly.....\$42.00/month

3 month contract

Paid monthly.....\$52.00/month

Family Rates available:

Spouse.....\$18.00/month

Child (Under 18).....\$10.00/month

\*Per child

College Student.....\$20.00/month

\*College ID required

Security Fee:

Initial security fee.....\$20.00/card

Replacement fee.....\$20.00/card

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

New

Renewal

Addition

Single

Couple

Children

College

3 mo (\$52/mo)

6 mo (\$42/mo)

12 mo (\$32/mo)

Starting \_\_\_/\_\_\_/\_\_\_ and Ending \_\_\_/\_\_\_/\_\_\_

By signing below, you agree to purchase a membership at Wilber Wellness on the terms and conditions described in this agreement, including the terms of cancellation and refund policy. You agree to make the payments shown in the agreement and to abide by the rules and regulations of Wilber Wellness as set forth, as they may be from time to time amended in our sole discretion.

I hereby authorize Wilber Wellness to initiate debit entries, and corrections thereto, my checking or savings indicated below and the depository named below.

Bank Name: \_\_\_\_\_

Checking

Savings

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Cancellation and Refund Policy

This agreement may be cancelled if I become permanently disabled or provide written evidence signed by a physician of this disability to Wilber Wellness. Should I permanently move my residence more than 60 miles from Wilber Wellness facility, this agreement may be cancelled on 30 day notice, except that I am still responsible for payments due up to the day of cancellation. Such cancellation is subject to a \$25 cancellation fee. There will be a \$30 service charge on all returned checks or EFT. In the event that the facility closes and ceases doing business, I will no longer be obligated to make payments under this agreement. In the event that you would cancel your contract before it is up, there will be a \$25 cancellation fee and you will be required to pay half of your monthly membership for the remainder of your contract. At the end of your membership agreement, your contract will continue until we receive a cancellation notice, in writing (AUTOMATIC RENEWAL). I have read and agreed to the above terms.

Applicant's Statements

I acknowledge that I have been advised to receive a physical examination and consult with physician before joining Wilber Wellness and beginning a program of physical exercise. I certify that I am in good health and have no conditions or limitations that would prevent me from utilizing the membership options I have selected in a safe manner.

(\*Continued on back page.)