



South Milwaukee Fitness Center

901 15th Avenue
South Milwaukee, WI 53172
414-766-5084 www.smfitness.org

Fitness Center Application / Auto ENROLLMENT AGREEMENT

Member Last Name: _____ First Name: _____

Address: _____ DOB _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Monthly Auto Payment Options (Account numbers are not kept by the SMFC)
(Electronic Funds Transfer, **CREDIT CARD** VISA MC Debit) Cash, Check Num _____

- Registration Auto renewal
- Annual Term
- Other

First EFT Payment Due(one month from signup)	Monthly/Annual Amount to Pay
{ _____ / _____ 20__ }	\$ _____

Auto Renewal Memberships are ongoing Memberships, cancelable with a **30** days written Notice. Form available at fitness center desk

Membership Package Type _____

Member Initial: _____

I, the member or the guardian on behalf of the member, understand that under the terms of this agreement, the Fitness Center obligates itself to furnish me with competent and suitable facilities for physical exercise. All hours of operation are supervised by staff members of the Fitness Center. The member hereby represents that he or she is physically fit to exercise within the center. The member agrees to faithfully comply with all the rules and regulations of the fitness center. The regular month to month rate varies by category; however, a substantial discount has been applied by the virtue of enrolling in a annual membership. Annual memberships do not require electronic payment, but are an option.

I, the member, understand that month to month membership is arranged to be paid in monthly installments to The South Milwaukee Fitness Center, and has an educational fiduciary responsibility to collect all payments in a timely manner. Any modifications, changes, or amendments of the member agreement must be in writing. No oral amendments or modifications are to be made of the membership enrollment agreement. All inquiries are to be directed to the South Milwaukee Fitness Center. The membership payment plan is not affected by my training schedule, lapses in use, or my attendance.

I the member, acknowledge receiving or declining a copy of this agreement.

As required by General Obligation law, you have certain rights to cancel this agreement. These are set forth in full below and are made part of this agreement.

- You have the right to cancel this application within 3 days of signing. Cancellation must be in writing and delivered to the Fitness Center Desk
- If you move your residence more then 25 miles from the school facility, cancellation under this section requires written proof of new permanent address, phone number and requires a 30 days notice to cancel.
- If you become injured for more then 2 months, and that injury is confirmed in writing by a physician, you have the right to an extension of your annual membership.

I, the member understand my rights as stated above and cancellation policy as stated above.

Fitness Center Representative Signature Date

Member Signature Date

Family First and Last Name	DOB	Membership Type	Cost
		Joiners Fee	

