



Norwich NY, 13815 607-373-3635

Membership Intake & Contract Information

6142 State Highway 12 Suite 2

Follow Us! @evolvefitnessnorwichny

INTAKE INFORMATION:

First Name:

Last Name:

Address:

City:

State/Zip:

Email:

Cell Phone:

Alternate Phone:

Date of Birth:

Place of Employment:

Interested in a Personal Trainer? YES NO

Interested in Child Watch? YES NO

SELECT A MEMBERSHIP:

___ Auto-Debit 12 Month Contract \$37.00

___ Student 1 Month \$37/m

___ Student 3 Month \$105/m

___ Standard 1 Month \$60/m

___ 1 Year Paid in Full \$720.00

___ 1 Punch Card \$55

___ 2 Punch Cards \$100

___ Day Pass \$10

___ POLICE, FIRE, EMTS, MILITARY \$20.00/
m

___ Active Duty Military-Free 3 Month's

___ SENIOR 35.00 / 105.00 FOR 3 Month

___ Evolve Cash/

Amount: _____

By Signing below, you, the undersigned, agree to use Evolve Fitness at your own risk. Evolve Fitness advises you to seek physician approval before using our facility. If you are under the age of 18, this form must be signed by a legal guardian. If 13 years of age (youngest allowed in to use this facility) you must be accompanied by an adult. I also understand and release any photos or videos taken in this fitness facility for advertising purposes.

Signature:

Legal Guardian:

Date:

Phone:



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AUTO DEBIT CONTRACT (FOR AUTO-DEBIT SIGN-UP ONLY).

1st month due at signing. **\$49.00 Initial** yearly maintenance fee billed on or about every **March 1** for members joined Aug-Feb. and on or about August 1 if joined March-July. **\$234.50 Cancellation fee prior to fulfillment of contract-** suspensions available for maximum of 3 months/year. Any suspension will be added to the end of existing contract. After term of contract expires, your membership will continue to be automatically billed on a month to month basis which you may cancel in person at **Evolve Fitness AT LEAST 3 DAYS BEFORE THE BILLING DATE initial**

HOW DID YOU HEAR ABOUT US? SOCIAL MEDIA RADIO TV NEWSPAPER FRIEND
OTHER _____

PRE-AUTHORIZED PAYMENT AGREEMENT & BILLING INFORMATION:

I give Evolve Fitness & its affiliate payment processor permission to charge my account \$37.00 or the associated membership monthly fee due on the date of the **1st / 15th** of every month on a reoccurring basis until I cancel my membership in person. **Important:** If we are unable to collect from an account due to insufficient funds, closed account, declined card etc., we will send these accounts to a collection agency and the entire balance will become due at this point. **Please contact our member service desk should you have any problems with your bill and we would be happy to assist you 607-373-3635.**

Initial: _____

PRE-AUTHORIZED PAYMENT AGREEMENT & BILLING INFORMATION:

I hereby authorize Electronic Billing and Collection Services to initiate debit entries to my credit card or checking account named below **_____ (Initial)**

Credit Card # _____ Exp. _____

-OR-

Bank Name: _____ **Account #** _____ **Routing #** _____

STAFF USE ONLY: Staff Initial Needs a Key Tag New Member Renewing Member

1st Month Payment Method: Cash Check Credit Gift Certificate

Payment Amount: \$_____ Type of Membership: _____

Apply Owner Discount or Service Profession Discount (**Must** be approved by owner/management)