



Enrollment Type: (Circle applicable) Individual Family

1 Month 3 Months 6 Months 1 Year +Tanning

Membership Start Date: _____

Expiration Date: _____

Membership Agreement

Name: _____ Phone: _____

Address: _____

Birth Date: _____ City State Zip Email: _____

Emergency Contact Name/Number: _____/ _____

Occupation: _____ KEY TAG #: _____

For family membership, additional members:

Name: _____ Birth date: _____ KEY TAG #: _____

Name: _____ Birth date: _____ KEY TAG #: _____

Name: _____ Birth date: _____ KEY TAG #: _____

Please Note: Family packages include husband, wife and children living at home and under the age of 18.

Fees: Enrollment Fee \$ 12.99 Prepaid Dues: \$ _____ Total: \$ _____

EFT: See below

Paid by (circle one): CASH CHECK GIFT CERT CREDIT CARD: MC
VISA DISCOVER

Member Signature: _____ **

**** You may cancel this contract at any time prior to midnight of the third business day after the date hereof. Such cancellation must be in writing and delivered (or postmarked within the aforementioned time) to 118 Siler Crossing, Siler City, NC 27344. ****

Triangle Fitness Representative: _____

TERMS, NOTICES & FITNESS CENTER RULES: (Violation of these rules may cause suspension or termination.)

1. Triangle Fitness Center is for use by members only and 24/7 access is only for current members.
2. Use of the facility by non-members after staffed hours is grounds for criminal trespass and any member who allows a non-member such access will have their membership terminated and dues paid forfeited.
3. Proper dress to include shirts and footwear is required.
4. Members are expected to respect one another and no profanity or other excessive noise or distraction is allowed within the facility.
5. Equipment must be used properly and cleaned after use. Free weights shall be re-racked after use.
6. All members must scan their key card upon entry into the facility during staffed hours. All members must scan their key card at the door when entering after hours.
7. Towels are provided as a courtesy for use while in the facility and must be returned to a receptacle upon exit.
8. Triangle Fitness strongly recommends that all members consult their physician before beginning or changing any exercise regime. Triangle Fitness staff is available to assist with instruction on the proper use of equipment during staffed hours. Misuse of equipment can be dangerous. Each member assumes all risk of harm or injury related to their activities within the facility and agrees that WNK-TSK, Inc. d/b/a Triangle Fitness shall not be liable for any claim, consequence or damage sustained by a member or for any injury or loss suffered at the facility.
9. This Agreement is valid for the term stated above or for at least one year if paid by EFT (and will automatically renew on a month to month basis until written notice of cancellation, which shall be processed within 30 days).
10. The Federal Equal Credit Opportunity Act prohibits discrimination against credit applicants with respect to any aspect of a credit transaction on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to contract).
11. Failure to utilize the facility does not relieve the obligations hereunder. In the event of death or permanent disability, membership may be cancelled upon notice in writing. A request for a freeze or cancellation due to temporary illness or injury must be substantiated in writing by a physician and may be granted upon a 30 day notice. A request for cancellation due to relocation more than 30 miles from the facility must include verification of the relocation and may be granted upon 30 days written notice.
12. Any holder of this consumer credit contract is subject to all claims and defenses which a debtor could assert against the seller for the goods or services obtained pursuant hereto. Recovery hereunder by the debtor shall not exceed amounts paid to seller. This agreement shall be subject to all applicable federal, state and local laws and shall be governed by the laws of the state of North Carolina.

EFT AUTHORIZATION:

I, _____, authorize my bank to make monthly payment of
\$_____

by the method below for posting to my account.

Routing Number: _____

Account Number: _____

Driver's License Number: _____

Circle One: MC VISA AMEX DISC

Account Number: _____ Exp. Date: _____

I understand that I am in full control of my payment and if, at any time, I discontinue my automatic payment, I will advise Triangle Fitness in writing a minimum of three (3) days prior to my contract due date. I agree to pay a cancellation fee of \$150.00 if I breach the payment terms herein. If a check, draft or order for payment of money is not honored, a \$25.00 charge will be added.

Member Signature: _____

Date: _____

COLLECT VOIDED CHECK OR DEPOSIT TICKET