

CROSSFIT REDMOND MEMBERSHIP AGREEMENT

PLEASE PRINT CLEARLY

Client Name: _____ Date of Birth: _____
Address: _____
Email: _____ Phone: _____

CrossFit Redmond membership details:

- Paid in advance of service on the 1st day of each month.
- New memberships are prorated for the first month. Regular dues apply thereafter with payments made the first day of each month.
- Dues are paid by monthly automatic electronic payment (credit card, debit card, or automatic checking account draft)
- Memberships are automatically renewed with the same terms at the end of the membership period.
- Membership dues for month-to-month memberships may increase at anytime with 30 days notice.
- Memberships 30 days past due will be cancelled. Reinstatement requires payment of dues owed, reinstatement fee of \$25 and payment of first month of new membership.
- Listed prices do not include State and Local sales taxes which are collected on all memberships.
- **Written notice of five (5) days must be given to assure cancellation of automatic payments.**

MEMBERSHIP OPTIONS

(circle desired membership)

--- Automatic payment is required for all memberships ---

	Individual	Couple	Family
MONTH-TO-MONTH TRAINING			
Unlimited CrossFit Training	\$175.00	\$300.00	\$325.00
MEMBERSHIP CONTRACTS			
6 Months - Unlimited CrossFit Training	\$150.00	\$250.00	\$275.00
12 Months – Unlimited CrossFit Training	\$135.00	\$225.00	\$250.00
Early termination of contract membership	\$250.00		
OTHER FEES OR CHARGES:			
Late Fee (7 days past due)	\$15.00		
Declined/Insufficient Funds Charge	\$15.00		

PAYMENT AGREEMENT

I agree to the following payment terms for membership at CrossFit Redmond:

- The first, and possibly prorated payment, of \$ _____.
- The first automatic payment of \$ _____ will be paid on the first day of _____ and on the first day of each subsequent month until the membership is cancelled.
- I understand that membership dues are non-refundable, paid in advance of service and that my membership will be automatically renewed at the end of each term at the current rate unless **five (5) days written notice of cancellation** is provided to CrossFit Redmond. I also agree to pay listed fees for late and/or declined payments.

Signature _____ Date Signed _____

AUTOMATIC PAYMENT AUTHORIZATION

Card Number: _____ Expiration: _____ Verification Code: _____

Bank Name: _____ Account Number: _____ Routing Number: _____

AUTHORIZATION FOR CREDIT, DEBIT AND AUTOMATIC DRAFT PAYMENTS

I wish to authorize the purchase of services/merchandise from CrossFit Redmond, LLC using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold CrossFit Redmond, LLC harmless against any liability pursuant to this authorization.

I understand that my signature on this form will serve as authorized signature for each automatic payment.

Client Name (print) _____

Client Signature _____ Date Signed _____