



791 Route 17M, Monroe, New York 10950
 (845) 783-3861
 69 Brookside Ave., Chester, New York 10918
 (845)469-2043

Date _____
 Member # _____
 New Renewal Past Member

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Work Phone _____

Male _____ Female _____ S.S. # _____ Birth Date _____

Employer _____ City _____ State _____

Medical History: I have been treated for: _____

Person to Notify in case of emergency _____ Phone _____

Billing Information:

By signing this agreement, you have authorized your bank or credit card Company to deduct your monthly dues for a minimum of 12 months. Upon completion of the 12 month minimum you may cancel your membership with a minimum of 30 days written notice. If we are unable to collect your monthly dues for any reason, Straub's Fitness may double bill your account the following month plus impose a \$20 administrative charge without further notice to you. If for any reason we cannot collect your membership dues for two consecutive months, the entire balance of your membership shall become due and payable immediately. In the event the member defaults in their obligation under this agreement, and Straub's Fitness forwards this matter to a collection agency and /or attorney, the member agrees to pay, in addition to the default amount, all legal interest, collection fees, court costs and any other expenses incurred, whether a lawsuit is filed or not. Member waives trial by jury.

Checking Account # _____ Routing # _____ Bank Name _____

Debit/Charge card Account # _____ Expiration date _____

I _____ authorize Straub's Fitness to bill my account for the above mentioned club member.

Billing on the 20th of the Month.

Medical Clause: Straub's Fitness will extend the duration of the original agreement at no cost to you for period equal to the duration of the disability with a doctor's note stating date and nature of injury, insurance claims you filed due to this injury and lab reports. Long term disability requires monthly updates to us from your doctor. Membership billing continues during medical disability unless your membership is on a month-to-month basis.

Move Clause: Should you permanently move your residence more than 25 miles away from any Straub's Fitness location, payment on this agreement will be suspended upon 30 days written notification and legitimate verification of move. Acceptable proof is one of the following: (1) Drivers license showing new address. (2) Utility bill in your name at new address. (3) Mortgage closing contract. (4) Voters ID card (5) Moving receipt from moving or Storage Company. (6) Bank Statement.
(7) A LEASE IS NOT ACCEPTABLE. Proof must also state when you moved.

I hereby agree to join Straub's Fitness on the following terms and conditions:

I have read the rules and regulations governing my membership at Straub's Fitness as contained on the reverse side of this agreement and I agree to abide by them. I understand that my membership is subject to termination for my failure to comply.

- a. I understand that the facilities, equipment, hours, rules, regulations and policies may be changed.
- b. I agree that use of facilities will be at risk. I hereby waive any claims from personal injury to me for damages, loss theft of my property, arising out of or in connection with the use of Straub's Fitness.

Buyer acknowledges receipt of a fully completed copy of this contract executed by both the buyer and seller and acknowledges contract terms on reverse side hereof.

Signature _____ Date _____

Guardian (if under 18 years of age) _____ Date _____

M.D.	Memb. Type	Dues Amount	Enroll Fee	Paid in Full \$	Payment Total	Billing Start Date	Start Date	End Date

\$39 Annual price guarantee billed on _____, and each year, thereafter. Member Initials