



## Fitness Center Memberships Form

### Membership Holder Details

\*\*Company Name: \_\_\_\_\_

\*\*Employee Name: \_\_\_\_\_

\*\*Email Address: \_\_\_\_\_

Phone Number (in case of emergency): \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Key card 6 digit number \_\_\_\_\_

### Membership Information

\*\*Length of Membership:  4 Months  8 Months  12Months

### Additional Notes

The Membership Holder agrees to abide by all reasonable rules and regulations now or hereinafter in effect pertaining to use of the Fitness Center. Current Fitness center hours are weekdays 6:00 a.m. - 8:00 p.m.

**The Value of Fitness Center membership is \$25.00 (Twenty-Five Dollars) and will be charged by 4 months either \$100, \$200, or \$300 depending on the term. Please make checks payable to: Harrison Members LLC.**

Although retention and use of the membership continues an acceptance of the above terms, the requested information must be filled in above and the membership holder's signature provided below before the Fitness Center can be accessed.

My signature below indicates that I have read all of the information provided on this Access Card Acceptance Form.

\_\_\_\_\_  
Print Membership Holder Name

\_\_\_\_\_  
Signature