

AGMT NO

GOLD'S GYM

Date \_\_\_\_\_

Barcode # \_\_\_\_\_

EXPRESS MEMBERSHIP AGREEMENT

# 2601 8741 Hospital Drive, Douglasville, GA 30134

New  Rewrite Agmt # \_\_\_\_\_  Conversion Agmt # \_\_\_\_\_

I herewith purchase membership in GOLD'S GYM, independently owned and operated by Douglasville Health & Athletic Club, LLLP.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DL# \_\_\_\_\_

Primary Phone # (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone # (\_\_\_\_\_) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**JOINING FEE:** There is a joining fee of \$59 with each membership due upon joining.

**MEMBERSHIP & DUES:** The \$59 joining fee and last month dues are paid at joining:


- BASIC XP** \$15/month - No commitment, \$74 due at joining
- GOLD XP** \$24.99/month - 12 month minimum term, \$83.99 due at joining
- VIP** (3 gyms) \$34.99/month - 18 month minimum term, \$93.99 due at joining

**BILLING FOR DUES:** By signing this agreement, I authorize the club to bill my bank account or credit card for my monthly dues as selected above. After the indicated minimum membership term, the membership AUTOMATICALLY RENEWS MONTH TO MONTH UNTIL GOLD'S GYM has received and acknowledged written notice from me to stop charging my account at least thirty (30) days prior to the last billing.

**DATE OF BILLING:** I would like my dues to be drafted on the \_\_\_\_\_ (1-30) day of each month. The first draft will occur the first time this day of the month occurs after joining.

**A FACILITY ENHANCEMENT FEE** of \$29 will be drafted annually for improvements to the gym equipment and facilities. Your account will be drafted on or soon after **October 15** or **May 15**, whichever occurs first following 60 days after the date you joined. I understand my account will be drafted annually on or soon after  **October 15**  **May 15** **Member Initials** \_\_\_\_\_.

**NOTE:** Wet facilities and racquetball are not available with these memberships.



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION:**

I authorize ABC Financial Services, Inc, Sherwood, AR 72120 on behalf of GOLD'S GYM to charge my account for the purpose of paying said payments due under this agreement:

Printed name as shown on account: \_\_\_\_\_  Credit  Debit  Bank

MC  Visa  AmEx  Disc Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Checking  Savings: Bank Name \_\_\_\_\_ Routing No. \_\_\_\_\_ (9 digits)

Attached, if requested:  credit card imprint, or  deposit slip Account No. \_\_\_\_\_

Term: This authority remains in effect indefinitely until ABC Financial Services, Inc, has received and acknowledged written, telephone or fax notice from me to stop charging my account at least thirty (30) days prior to the last billing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSUMER RIGHT OF CANCELLATION.** (a) You (the buyer) have 7 business days to cancel this contract. To cancel, mail or hand deliver a letter to Gold's Gym, 8741 Hospital Drive, Douglasville, GA 30134 Do not sign this contract if there are any blank spaces above. In the event optional services are offered, be sure that any options you have not selected are lined through or that it is otherwise indicated that you have not selected these options. It is recommended that you send your cancellation notice by registered or certified mail, return receipt requested, in order to prove that you did cancel. If you do hand deliver your cancellation, be sure to get a signed statement from an official of the club, acknowledging your cancellation. To be effective, your cancellation must be postmarked by midnight, or hand delivered by midnight on \_\_\_\_/\_\_\_\_/20\_\_\_\_, and must include all contract forms, membership cards, and any and all other documents and evidence of membership previously delivered to you.

(b) You (the buyer) may cancel this agreement within 30 days from the time you knew or should have known of any substantial change in the services or programs available at the time you joined. Substantial changes include, but are not limited to, changing from being coed to being exclusively for one sex and vice versa. To cancel, send a written notice of your cancellation to the address provided in this contract for sending a notice of cancellation. The best way to cancel is by keeping a photocopy and sending the cancellation by registered or certified mail, return receipt requested.

**WARNING.** I understand that if I have a history of heart disease, I should consult a physician before utilizing the facility.

I have read this agreement and I have been given a copy of this agreement. This is the entire agreement between the parties and no oral statements may modify this agreement. By signing the face of this document I accept and agree to the information on both sides.

Signature \_\_\_\_\_ (buyer or parent/guardian) Accepted by \_\_\_\_\_ for GOLD'S GYM