



MEMBER #: _____

MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____ EXPIRATION DATE: _____

NAME _____ Were you referred by a friend? Name: _____

AGE _____ DOB _____ EMAIL _____

PHONE (HOME) _____ (CELL) _____ (EMERG.) _____

Name & Phone #

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER _____ OCCUPATION _____

SPOUSE NAME _____ PHONE (CELL) _____

AGE _____ DOB _____ EMAIL _____

CHILDREN TO BE LISTED ON MEMBERSHIP:

- Children on family memberships must be biological child or under legal guardianship of the applicant, under 21 years of age and living at the above address or a full-time college student. A copy of student identification is required.
- Children ages 15 and under MUST be accompanied by their guardian (18 years of age or older) unless they are participating in a specific supervised program.

	<u>NAME</u>	<u>SON/DAUGHTER</u>	<u>BIRTHDATE</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

BY SIGNING BELOW,

- I understand that my membership payment is non-refundable.
- I agree that I am 19 years of age or older OR 18 years of age and married.
- I agree to follow all center rules & violation of these rules may be the cause for suspension or cancellation of my membership.
- I agree that only those listed on my application may attend under my membership. I may bring guests at any time but I/they must pay an admission fee for them to enter.

Member's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

METHOD OF PAYMENT: Bank Draft: _____ (Take first pmt! Fill out & Sign Bank Draft Authorization & attach voided ck)
Payroll Deduction: _____ (No pmt needed. Attach City of Eufaula Employee Agreement Form & make sure it's turned into front office to be delivered to City Hall.) **Other** (SilverSneakers, AARP, Silver & Fit, etc): _____ (attach confirmation letter or mem. id)

Cash _____ Check # _____ Credit Card _____ Amount Paid \$ _____ Staff: _____

TYPE (circle): City Family City Single Family Single Sr Couple Sr Individual
 Corporate Family Corporate Individual Name of Corporation: _____

LENGTH: One Year: _____ Winter Eufaulian: _____ Month to Month: _____

Reason for month to month: _____

STAFF: TURN ALL NEW MEMBERSHIPS INTO FRONT OFFICE!! DO NOT FILE!!

CITY OF EUFAULA
PUBLIC PARKS AND RECREATION BOARD
DBA/ EUFAULA COMMUNITY CENTER
P.O. Box 219 14 Community Drive
Eufaula, Alabama 36072-0219
(334) 687-1246 fax (334) 687-0855

MEMBERSHIP#: _____

Membership Agreement:

The City of Eufaula, Public Parks and Recreation Board, DBA/Eufaula Community Center urges all members to obtain a physical examination from their physician prior to use of any exercise equipment or attendance in any exercise class. In recognition of the possible dangers connected with any physical activity, member(s) hereby knowingly and voluntarily waive any right or cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to the City of Eufaula, Public Parks and Recreation Board, DBA/Eufaula Community Center, its officers, agents, employees or instructors.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants with respect to any aspect of a Credit transaction on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract). The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580

If by any reason of death or permanent disability, the member is unable to complete the membership, he and his estate shall be relieved from the obligation of making payment for membership other than that received prior to death or the onset of disability. Should member(s) permanently move their residence more than 50 miles from the area, payment on this agreement will be suspended upon request & legitimate verification of the move. Member(s) agrees to follow all center rules. Violation of these rules may be the cause for suspension or cancellation of membership.

I UNDERSTAND THAT I AM SIGNING A CONTRACT/NOTE BELOW. MY FAILURE TO REGULARLY ATTEND AND UTILIZE THE EUFAULA COMMUNITY CENTER FACILITIES DOES NOT RELIEVE ME OF MY OBLIGATION, REGARDLESS OF THE CIRCUMSTANCES, TO PAY THE CONTRACT IN FULL. I UNDERSTAND THAT BY CHOOSING THE MONTHLY PAYMENT OPTION, I AM AUTHORIZING THE AUTOMATIC DRAFT OF MY BANK ACCOUNT EACH MONTH. I UNDERSTAND THAT, EXCEPT AS HEREIN PROVIDED, MY MEMBERSHIP IS ABSOLUTELY NONCANCELABLE. I ALSO UNDERSTAND THAT FAILURE TO COMPLETE MY CONTRACT LEAVES ME SUBJECT TO SMALL CLAIMS COURT.

Member's signature

Date

Spouse's signature

Date

BANK DRAFT AUTHORIZATION

PLEASE INITIAL EACH LINE

_____ This monthly payment option commits me to a **membership period of twelve (12) months**. This twelve (12) month contract cannot be broken unless:

*I permanently move my residence more than 50 miles from the area & the ECC receives verification of move

*Medical reasons exist and the ECC receives written verification from a licensed practitioner

_____ My membership will **automatically continue to draft after the 12-month period** unless **written or verbal notice of cancellation** is received **no later than ten (10) days prior to the next draft date**.

_____ Any changes to my account information must be received in writing or in person **no later than ten (10) days prior to the next draft date**. If I fail to provide this information prior to the due date and the ECC is unable to process my payment, I will be responsible for an alternate payment arrangement.

_____ I understand the ECC will debit my account on the **18th of each month (or the following business day)**, in the amount of, \$ _____. My first bank draft will be on _____ / _____ / _____.

_____ I understand that any draft returned **for any reason** must be paid in full, in cash, along with a **\$30 NSF fee**.

_____ I understand **after two returned drafts** my membership will be **canceled** and will be unrenovable unless **paid in full**.

_____ I understand **the name on my membership must match the name on my checking account**.

Including my first payment made today, I promise to pay a TOTAL OF \$_____, payable in consecutive monthly payments by means of automatic bank draft. I authorize the Eufaula Community Center/Eufaula Parks & Recreation department to automatically debit my account on the 18th of each month (or the following business day) in the amount of \$_____. I also understand this draft will continue after the twelve (12) month period unless written or verbal notice is received at least ten (10) days prior to the next scheduled draft.

Member's signature

Date