



MEMBERSHIP AGREEMENT

Revised 10/14/2012

DATE: _____ RECEIPT #: _____ MEMBERSHIP #: _____ KEYTAG BARCODE #: _____

MEMBERSHIP TYPE – Please Check All That Apply

<input type="checkbox"/> NC COMM	<input type="checkbox"/> SINGLE	<input type="checkbox"/> HOUSEHOLD	<input type="checkbox"/> SENIOR (55 AND OVER)	<input type="checkbox"/> EARLY BIRD
<input type="checkbox"/> STUDENT	<input type="checkbox"/> TEMP	<input type="checkbox"/> 3-MONTH INTRO	<input type="checkbox"/> MARLIN	<input type="checkbox"/> OTHER

LAST NAME: _____ FIRST NAME: _____ MI: _____ HOME PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

CELL PHONE: _____ SEX: MALE ___ / FEMALE ___ EMAIL ADDRESS: _____

BIRTHDATE: _____ EMERGENCY CONTACT: _____ NUMBER: _____

ADDITIONAL HOUSEHOLD MEMBER INFORMATION – Must have proof of residency (living in the same household).

NAME	RELATIONSHIP	BIRTHDATE

CHECKING, SAVINGS, OR DEBIT CARD PAYMENT DRAFT AUTHORIZATION:

I hereby request the privilege of paying to the Carter Athletic Center ("North Cross School") 4254 Colonial Avenue, Roanoke, VA 24018, and further authorize North Cross School to draw items (checks, electronic fund transfers, charge card) for the purpose of paying said payments, including any late fees or service fees, on the account of :

(PRINT NAME AS IT APPEARS ON YOUR ACCOUNT)

METHOD OF PAYMENT

CHECKING ___ / SAVINGS ___ / DEBIT CARD ___ / VISA ___ / MASTERCARD ___ / DISCOVER ___ / AMERICAN EXPRESS ___

PLEASE ATTACH A VOID OR BLANK CHECK

Bank Name: _____ Routing Number _____ Account Number: _____

OR

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____ 3-Digit Code (on back of card): _____

Account Holder's Signature: _____ Date: _____

WAIVER, RELEASE AND CANCELLATION POLICY:

I understand that athletic and fitness activities involve certain risks and exposures to personal injury to which I voluntarily assume. Additionally, I realize that if I have a history of heart disease or any other medical condition that may limit my ability to participate in physical activity, I should consult a physician before utilizing the facility. I have read this entire Agreement, that includes the CAC Terms and Conditions and the CAC By Laws, 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 of all aforementioned documents. I hereby release the Carter Athletic Center, North Cross School, its Trustees, staff and facility whether acting officially or otherwise on behalf of myself, my heirs, executors, demands or causes of action relating to or deriving from my presence, or activities in facilities or on campus which may result in an injury to me of any sort or my death. Membership may be cancelled at any time by giving 30-days advanced written notice. The membership will be cancelled the first day of the month following the expiration of the 30-day notice. A \$55 fee will apply to any cancellation before the initial term of the agreement (12 months) has ended. After this term, there will be no cancellation fee. If a previous member wishes to reinstate a membership, an enrollment fee will apply.

--By signing below, I agree to abide by this Agreement, the Terms and Conditions and the By-Laws of the Carter Athletic Center.--

MEMBER /LEGAL GUARDIAN (if under 18) SIGNATURE: _____ DATE: _____ 20, _____

CARTER ATHLETIC CENTER STAFF SIGNATURE: _____ DATE: _____ 20, _____

OFFICE USE ONLY:

PHOTO TAKEN BY: _____	DIRECTOR/ASST DIRECTOR APPROVAL (Initialed and Dated): _____ / _____
ENROLLMENT FEE:	\$ _____
1ST PRORATED PAYMENT IN ADVANCE:	\$ _____
TOTAL DUE :	\$ _____
MEMBERSHIP BEGINS:	_____, 20____
NEXT MONTHLY PAYMENT:	\$ _____ DUE 15TH OF _____, 20____