280 North Pointe Blvd., Mount Airy, NC 27030
336.783.0399 info@prohealth24ma.com

Regular Membership

Membership ID# (Office Use Only): _____

Member Name (Print Please): _____ DOB: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone # (Home/Cell/Work): _____

Emergency Contact: _____ Relation: _____ Phone Number: _____

Membership Type

- ☐ Single Adult
- ☐ Adult & Spouse
- ☐ Adult w/ Kids
- ☐ Adult & Spouse w/ Kids
- ☐ Senior Adult
- ☐ Senior Adult & Spouse
- ☐ Renew Active
  Code: _____
- ☐ Silver Sneakers
- ☐ Silver & Fit
- ☐ Youth
- ☐ Service
- ☐ FitOn
  Code:_____

Youth memberships are 14-21 years old. Seniors are 55 years or older.

*Only necessary if applying for spouse or family memberships

Spouse's Name: _____ DOB: _____ Membership ID#: _____

Child's Name: _____ DOB: _____ Membership ID#: _____

Child's Name: _____ DOB: _____ Membership ID#: _____

Child's Name: _____ DOB: _____ Membership ID#: _____

Child's Name: _____ DOB: _____ Membership ID#: _____

Payment Agreement

- ☐ Monthly (I understand that it is my responsibility to pay on my enrollment date each month)
- ☐ Credit Card Draft *No enrollment fee when enrolling in draft*
  Card #: _____ Exp.: _____ Sec. Code: _____ Visa/MasterCard
- ☐ One Year Membership (Non-refundable)

How did you hear about us? Social Media ___ Friend Referral ___ Other (please list) _____

Amount Paid: _____ Date of Initial Enrollment: _____ Sold by: _____

Membership Type	Monthly Cost	Yearly Cost	Enrollment Fee
Single Adult	$45	$495	$35
Adult and Spouse	$75	$825	$45
Adult w/ Kids	$75	$825	$45
Adult and Spouse w/ Kids	$100	$1,100	$50
Senior Adult	$38	$456	$25
Senior Adult and Spouse	$55	$660	$35
Youth/Service	$40	$480	$25

Kids must be 21 years old or under to be on a membership.
Each additional kid after the third will be $15 extra per month
There is no enrollment for yearly membership

Membership Agreement

1. *Member's Health Warranty:*
   Member warrants that he/she has no disability or ailment preventing him/her from engaging in active or passive exercise or that will be detrimental to his/her health, safety or physical condition if he/she does so participate.
2. *Waiver of Liability:*
   Member and/or member's guest using the facilities and equipment does so at his/her own risk. Management and staff shall not be liable for any damages arising from personal injuries or damages sustained by member or guest in, on or about the premises of the facility. Member assumes full responsibility for any injuries or damages and does hereby hold harmless, waive and release Prohealth24, their employees and staff, officers, representatives and agents from liability for any and all claims, demands, damages, rights or causes of action, present or future, resulting from the member's and/or member's guest use of the facilities and equipment. **Client assumes the inherent risks associated with any exercise program.**
3. *Rules and Regulations:*
   Member agrees to abide by all the membership rules and regulations of the facility which may be posted at the facility, or issued orally or in writing, and which may be amended from time to time at management's sole discretion. Member agrees to no inappropriate behavior, no sexual behavior, and no inappropriate language to the staff or another member. Failure to do so can result in suspension or termination upon management's discretion.
   No one under 14 years old allowed on machines or to use fitness equipment.
4. *Suspension/Termination of Membership by Management*:
   Management has the right to suspend and/or terminate any membership for non-payment of dues or fees or for behavior hindering the enjoyment of the facility by other members, or for any other reason deemed sufficient in the sole discretion of management.

Dishonored Check

If any check payable to the facility is not honored, management shall have the right to:

- Process a service charge of $25.00
- Collect all current and past due balances (balances not collected will be turned over to a collection agency)
- Terminate this membership agreement
- You must notify PROHEALTH24 if you change credit cards.

Personal and Facility Property

Members are urged to avoid bringing valuables onto the premises. Management and employees shall not be liable for loss, theft or damage to personal property of members or guests.

Cancellation Policy

- Official notification of cancellation via cancellation form is required 5 business days prior to billing date or you will be charged for that month.
- Memberships are billed monthly, regardless of member visits, until member cancels.

Refund Policy

There will be no refunds for memberships unless there are extenuating circumstances that must be approved at management's discretion.

By signing this membership agreement you are acknowledging that you have read the above terms, understand this agreement and will abide by the agreement terms.

Signature: _____ Date: _____