

# Altoona Campus Pay In Full Membership Agreement

**Member Information (Please print):**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M F

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Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M F

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Membership Type:** Family\* \_\_\_\_\_ Adult \_\_\_\_\_ Young Adult(12-17) \_\_\_\_\_  
Single Parent Family\* \_\_\_\_\_ College Student \_\_\_\_\_ Youth(0-11) \_\_\_\_\_  
Senior Family \_\_\_\_\_ Senior(60+) \_\_\_\_\_ Other \_\_\_\_\_

*Family membership is defined as an individual, their spouse and any dependents claimed on a federal tax return.*

**Primary Residency:** Inside Southeast Polk School District \_\_\_\_\_  
Outside Southeast Polk School District \_\_\_\_\_

**Corporate Membership Information:** \_\_\_\_\_

*Documentation verifying employment is required at the time of purchase to receive the corporate rate.*

**Altoona Campus Staff Notes:**

# Altoona Campus Membership Agreement

Please initial each statement.

\_\_\_\_\_ I understand this transaction may be cancelled within three (3) days following the date of transaction. Notice of cancellation must be submitted in writing. I also understand payment remitted at the time of purchase will be refunded and processed within 45 days of receipt of the written notice of cancellation.

\_\_\_\_\_ I understand that Altoona Campus membership may be cancelled at any time due to death or medical disability. For any other reason, I must provide Altoona Campus thirty (30) days written notice.

\_\_\_\_\_ I understand memberships paid in full at the time of purchase will be pro-rated and refunds will be issued within 45 days of receipt of the written notice of cancellation. Refunds will be calculated based upon the unused days of the membership, beginning 30 days after the receipt of written notification of cancellation, and ending the date of expiration of the membership contract.

\_\_\_\_\_ I accept complete responsibility for my health and wellbeing, and understand that Altoona Campus and/or instructors leading classes assume no responsibility for injuries related to classes and activities offered at Altoona Campus.

I have read, understood and agree to abide by the terms set forth in this agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## For Altoona Campus Office Use Only:

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

Inside SEP\_\_\_\_ Outside SEP\_\_\_\_ Corp\_\_\_\_

Sales ID \_\_\_\_\_

Annual Amount \$ \_\_\_\_\_

Entry ID \_\_\_\_\_

Method of Payment \_\_\_\_\_

Welcome Folder \_\_\_\_\_

Original Barcode #s: \_\_\_\_\_

Contract Terms and Conditions Reviewed with Member: \_\_\_\_\_

How did the member hear about us? \_\_\_\_\_ friend/family \_\_\_\_\_ website  
\_\_\_\_\_ newspaper \_\_\_\_\_ other \_\_\_\_\_

Referred By: \_\_\_\_\_