

Xtreme Measures

Name: _____ Cell Phone #: _____
Address: _____ Home Phone#: _____
City/State/Zip: _____ Work Phone #: _____
Email: _____ DOB: ____/____/____ Access Key #: _____
Employer: _____ Referral: _____

MEMBERSHIP OPTIONS

Monthly Rate	_____	<u>Regular Rate</u>
Prorate	_____	6 mo ____ 6 mo PIF ____ 12 mo ____ 12 mo PIF ____
Access Key	_____	<u>Corporate Rate</u>
Personal Training	_____	6 mo ____ 6 mo PIF ____ 12 mo ____ 12 mo PIF ____
Down Payment	_____	<u>Student/Senior Rate</u>
Total Membership Dues	_____	6 mo ____ 6 mo PIF ____ 12 mo ____ 12 mo PIF ____
Remaining Balance	_____	<u>Mother/Daughter Rate</u>
		6 mo ____ 6 mo PIF ____ 12 mo ____ 12 mo PIF ____ Daughter ____ Daughter PIF ____

DAYCARE ADD-ON

____ Month Unlimited - \$39
Punch Card
____ First Child - \$40
____ Additional Child - \$25

The amount of \$____ will be deducted from the below account on the **15th** of each month starting ____/15/____.
Membership dates are ____/____/____ to ____/____/____. Automatic recurring billing will continue to be drawn after the membership term is completed on the 15th of each month. A 30 day written notice is required from the member listed above to terminate membership at Xtreme Measures or to change unlimited daycare monthly expense.

____ I have read and understand membership dates and terms listed above.

____ Payment of membership fee is waived due to Personal Training commitment.

Upon signing the Xtreme Measures membership agreement, the member listed above is required to pay the membership fee, as above, and to follow these additional terms: Cancellations will be accepted for relocation more than thirty miles from the Fargo-Moorhead area (with proof of change of address) or for medical issues that may harm or increase current medical status (a medical doctor's note prescribing no exercise is required upon cancelling). The remaining term of a member's membership agreement can be transferred to another individual for a \$50 fee. A \$10 fee will be assessed if an access key is lost or stolen; if an access key is lost or stolen the incident must be reported immediately to staff. I understand that I am required to fulfill four personal training sessions a month in order to waive the membership fee. If I choose to discontinue personal training a membership fee will then be assessed and deducted from the below account until I have completed the remaining agreement.

Payment Options

Name on Credit Card: _____ Visa ____ Discover ____ MC ____
Credit Card#: _____ Expiration: _____
Bank Name (if using a voided check): _____
Routing #: _____ Account#: _____
Signature: _____ Date: _____

I hereby understand that Xtreme Measures has the right to void the membership agreement listed above if the rules and regulations of Xtreme Measures are not followed. I have read and understand all of the policies concerning cancellations and loss of the access key belonging to Xtreme Measures and agree to the regulations stated above.

Signature: _____ Date: _____