



# Just Be FIT

## FITNESS CENTER

P.O. Box 188  
White House, TN 37188  
615-672-2922

### MEMBERSHIP APPLICATION AND AGREEMENT

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
 Address \_\_\_\_\_ (Cell) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ (Work) \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Emergency Contact and Phone \_\_\_\_\_

#### MEMBER NAMES

\_\_\_\_\_  
 \_\_\_\_\_

#### MEMBERSHIP DATES

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

MEMBERSHIP TYPE	6 MONTH PAID IN ADV. (10% DISC.)	1 YEAR PAID IN ADV. (20% DISC.)
1 Person – \$24.99	\$134.94	\$239.90
2 Person – \$34.99	\$188.94	\$335.90
3 Person – \$44.99	\$242.94	\$431.90
4 Person – \$54.99	\$296.94	\$527.90

Guest: \$5.00 \$10.00 Surcharge – 1 Month

**\* CANCEL WITH 30 DAYS WRITTEN NOTICE \***

#### AUTHORIZATION AGREEMENT – READ CAREFULLY

I authorize Just Be Fit Fitness Center, L.L.C. to charge my account on the \_\_\_\_\_ day of each month beginning (mm/yy \_\_\_\_\_) in the amount of \$ \_\_\_\_\_. This authorization is extended by me to Just Be Fit Fitness Center, L.L.C. and/or authorized agents or firms engaged in the business of processing debt and charge cards.

#### PAYMENT METHOD

Debit/Check Bank Draft     Credit Card Draft

Name on Account \_\_\_\_\_ Expiration Date \_\_\_\_\_

Account Number \_\_\_\_\_ Bank \_\_\_\_\_

Routing Number \_\_\_\_\_ *Attach Voided and Signed Check*

#### SIGNED AND AGREED

\_\_\_\_\_  
Membership Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Just Be Fit Fitness Center, L.L.C. Authorized Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

SEE REVERSE SIDE FOR TERMS AND CONDITIONS