

SUPERIOR ATHLETIC CLUBS

www.superiorathletic.com

Membership Contract

Type of membership: **must check one item in each section**

Account Number _____

_____ SAC and SAC II _____ SAC ONLY _____ SAC II ONLY _____ SUPERIOR FITNESS

_____ MONTH TO MONTH _____ 1 YEAR COMMITMENT _____ PREMIER

_____ Corporate**: corporate name _____ Payroll deduct _____ EFT _____

**Corporate membership is the responsibility of the member. If employment with the corporation ceases, the membership will automatically convert to a regular membership and dues structure. Payroll deduct programs are for monthly dues only; any other charges on account must be paid directly by the member.

_____ IN _____ CP _____ FA _____ ST _____ SI _____ SC _____ SW

Last Name:	First Name:	Age:	Sex:	Birthdate:
Last Name:	First Name:	Age:	Sex:	Birthdate:
Mailing Address:	City:	State:	Zip:	
Home Phone:	Employer:	Business Phone:		
Driver's License #:	Driver's License State:			
Children's Name (if members & 21 or under):	Age:	Sex:	Birthdate:	
		Sex:		
		Sex:		
E-mail Address:				

Upon acceptance of this contract by Superior Athletic Clubs, the undersigned shall receive the membership rights and privileges and agrees to abide by all the rules and policies of the club. A copy of the Policies and Procedures has been delivered and signed by the member. _____ **member initial**

A written notice using a club cancellation form is required on all memberships. _____ **member initial**

The undersigned understands that accounts are due and payable by the 1st of the month and also understands that a late fee will be charged on accounts not paid in full by the 10th of the month. _____ **member initial**

1 and 2 year memberships convert to month to month after commitment expires _____ **member initial**

Member's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Responsible Party's Signature (if member under 18 yrs old)

Staff Signature: _____ Date: _____

Approved and Accepted By: _____ Date: _____

Initial Fee: _____ Current Month Dues: _____

(begin prorating the 10th thru the 25th)

Last Month Dues Deposit: _____ Next Month's Dues: _____

Charge for Other: _____ Amount Paid: _____

(prorate for partial year if applicable)

(be sure to attach receipt to back of contract)

Descrip of Other Charges (locker, towel, Eagle Point upgrade, swimteam): _____