



129 VILLAGE DRIVE, SUITE 201, BELGRADE, MT 59714 (406) 388-7133

NAME & ADDRESS

First _____ Last _____ Birthdate _____
Company _____
Address _____
City _____ State _____ Zip _____

CONTACT INFO

Home Phone _____ Cell Phone _____ Work Phone _____
Fax _____ Email _____ Gender _____
Referred by _____ SSN _____ DL# _____

IN CASE OF EMERGENCY CONTACT

Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

Family Add-on Member: Includes only your dependent, unmarried children less than 21, if still living at home.

Name _____ DOB _____ Relationship _____
Name _____ DOB _____ Relationship _____
Name _____ DOB _____ Relationship _____

This contract covers the purchase of a membership at The Rock Fitness Center

ACCOUNT

MEMBERSHIP TYPE: _____

MEMBERSHIP LENGTH: TEMPORARY 6 MONTH 12 MONTH OTHER

MEMBERSHIP STARTS: ___/___/___ RENEWAL DATE: ___/___/___

ENROLLMENT FEE: \$ _____

PARTIAL MONTH: ___X___ \$ _____

FIRST FULL MONTHS DUES: \$ _____

TOTAL DUE TODAY: \$ _____

PAID WITH: Credit Card _____ Check # _____ Cash _____ Gift Cert _____

ADDITIONAL INFORMATION: _____

REQUEST FOR AUTOMATIC PAYMENT FROM : () CHECKING () SAVINGS

A VOIDED CHECK MUST BE ATTACHED EFT AMOUNT \$ _____

BANK NAME _____ WITHDRAWAL DATE _____

BANK ROUTING # _____ BANK ACCOUNT # _____

REQUEST FOR AUTOMATIC PAYMENT FROM: () MASTERCARD () VISA () AM EX () DISCOVER

ACCOUNT # _____ EXP DATE _____ PAYMENT AMOUNT \$ _____

I wish to make payment to The Rock Fitness Center through its automatic payment program. I hereby authorize my bank or credit card to make my payment for monthly dues, accumulated house charges, any unpaid past dues, and any other fees or charges from the account used to pay for the Total Due Today or from the account shown above.

I agree to pay a fee of \$20.00, and when applicable, a late charge as well as any other charges allowed by law for any EFT or credit card company. I understand that The Rock Fitness Center may, upon written notice change the date that my monthly dues are debited from my account.

Signature _____ Date _____

