



Start Date _____ Member # _____

Medical Fitness Center
205 Sunnyview Lane | Kalispell
(406) 751-4100

MEMBER AGREEMENT

LAST NAME: _____ FIRST NAME: _____ MI: _____
DOB: ____/____/____ SEX: (MALE/FEMALE, UNDISCLOSED) MARITAL STATUS: (SINGLE, MARRIED, UNDISCLOSED)
MAILING ADDRESS: _____ HOME # (____) _____
CITY: _____ STATE: _____ ZIP: _____ CELL # (____) _____
E-MAIL ADDRESS: _____ WORK # (____) _____

By providing your e-mail address you are giving us authorization to send you information via e-mail. Email address will only be used by Logan Health Medical Fitness Center.

EMERGENCY CONTACT: _____ Emergency # (____) _____

ADDITIONAL MEMBER

NAME: _____ DOB: ____/____/____ MEMBER # _____
E-MAIL ADDRESS: _____ PHONE # (____) _____

DEPENDENT CHILDREN (through age 23)

NAME	SEX (M/F)	BIRTHDATE	AGE	MEMBER #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby apply for membership to Logan Health Medical Fitness Center. I certify that the information set forth in this Application for Membership is true and complete to the best of my knowledge and agree to pay all fees when due and comply with all rules established by the management. **I understand that membership and billing are not based on attendance or usage and that I am responsible for all monthly fees until I give written notice of my intent to cancel a *minimum* of 3 business days prior to the first day of the month that my cancellation becomes effective.** Fees for temporary memberships are non-refundable. The Member will be liable for payment of all costs incurred by the fitness center in the collection of past due obligations to Logan Health Medical Fitness Center, including: collections services fees of up to 40% of balance due, court costs and reasonable attorney's fees. I understand the risks involved in fitness and sport activities and state that my health warrants participation.

SIGNATURE (REQUIRED) DATE

SIGNATURE (ADDITIONAL MEMBER) DATE