

HOW DID YOU HEAR ABOUT WESTERN? \_\_\_\_\_



**MEMBERSHIP APPLICATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

E-MAIL ADDRESS (to receive Western's newsletters and updates) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**CHECK MEMBERSHIP DESIRED**

- FAMILY\*
- COUPLE\*\*
- INDIVIDUAL (Age 36-64)
- YP (Young Professional) (Age 26-35)
- SENIOR (65 and older)
- STUDENT (25 and under)

*\*Family Membership privileges are for the member, spouse, and unmarried dependent children 25 and under.*

**Upon reaching the age of 26, family members are required to maintain their own memberships.**

**Children must be 14 years old to work out in the Fitness Center.**

*\*\*Couple memberships are any 2 individuals in the same household.*

WERE YOU REFERRED HERE BY ANYONE?  NO  YES, BY WHOM \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING FOR FAMILY MEMBERS WHO QUALIFY FOR A FAMILY MEMBERSHIP**

SPOUSE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS (to receive Western's newsletters and updates) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

<u>CHILDREN'S NAMES (For Family Membership Only)</u>	<u>DATE OF BIRTH</u>	<u>FOR CHILDREN, PROVIDE NAME OF SCHOOL ATTENDING</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR OFFICE USE ONLY**

MEMBERSHIP PAID \_\_\_\_\_ HOW PAID \_\_\_\_\_ ADMINISTRATION FEE \_\_\_\_\_ HOW PAID \_\_\_\_\_

EFT STARTS \_\_\_\_\_ @ \_\_\_\_\_ EMPLOYEE INITIALS \_\_\_\_\_

CLUB BUCKS PAID TO \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

# WESTERN ATHLETIC CLUB MEMBERSHIP AGREEMENT

5490 Muddy Creek Road, Cincinnati, OH 513-451-4233 - www.westernafc.com

E-mail: [angelawilson@westernafc.com](mailto:angelawilson@westernafc.com)

The undersigned desires to become a Member of Western Tennis & Fitness Club, LLC (Western) and agrees as follows:

1. Application. Member represents that all facts stated in the Membership Application are true and correct and that all children identified in the application are eligible to be included in a Family Membership.
2. Administration Fee. A one-time nonrefundable Administration Fee of \_\_\_\_\_, plus tax, is payable at the time of application.
3. Dues. Member agrees to pay monthly dues in the amount of \_\_\_\_\_, plus tax, by credit card or debit card according to the Direct Debit Authorization Agreement signed by Member until the membership is cancelled as provided in Paragraph 4. Monthly dues do not include court time, lessons, clinics, league fees, ball machine rental, personal training, or other special programs. Dues may be modified from time-to-time.
4. Cancellations. Members may cancel at any time by providing Western a written cancellation notice. Membership cancellations **MUST** be received on or prior to the 15<sup>th</sup> day of the month to be effective for the 1<sup>st</sup> of the following month.
5. Freezes. Membership freeze requests **MUST** be received on or prior to the 15<sup>th</sup> day of the month to be effective for the 1<sup>st</sup> of the following month. A \$10.00 monthly fee will be assessed (regardless of membership type, i.e. Student, Family, Senior, etc.) on a frozen membership throughout the duration of a freeze. There will be no reactivation fee when the membership resumes. *Freezes must be completed in person at the Western front desk. Emailed and website submissions for Freezes will not be accepted.*
6. Authorization to Photograph Member. Member authorizes Western to take photographs or videos of Member and Family Members for the sole purpose of Western communications, including making public news releases, Web site, advertising, scrapbooks, flyers, or for use in other promotional materials.

\_\_\_\_\_ I authorize the utilization of photos or videos of myself or Family Members for Western as described above.

\_\_\_\_\_ I do not authorize the utilization of photos or videos of myself or Family Members for Western as described above.

7. Member's Responsibilities. Member recognizes that there are hazards connected with activities conducted at Western. Western strongly recommends that Member consult a physician before starting any exercise program or making any change in any exercise program and before using any equipment or facilities at Western. It is also further recommended that Member, Member's spouse, and all other Family Members participate in an orientation session with fitness personnel prior to using the equipment in Western's Fitness Center. On behalf of Member, Member's spouse, and any other Family Members designated in the Application, Member knowingly and voluntarily assumes the risk of such hazards. Member agrees to defend, indemnify, and hold Western and its owners, officers, agents, and employees harmless from any and all liability arising out of injury, death, or damage to personal property associated with participation in activities, services, or programs at Western or use of Western's facilities by Member, Member's spouse, or any Family Members identified in the Application. Any child of Member born after the effective date of the Application shall be deemed to have been specifically identified in the Application.
8. Age Requirement to Use Fitness Center. Members must be 14 or older to use the equipment in Western's Fitness Center. Members under the age of 18 must complete an orientation session with staff prior to using the fitness equipment.
9. Age Requirement to Use Sauna. Members must be 18 or older to use the sauna in the men's locker room.

This Agreement, including the Application, the Direct Debit Authorization Agreement, and the Membership Fee Schedule, in effect from time-to-time and Western's Policies in effect from time-to-time, constitutes the entire Agreement between Member and Western.

\_\_\_\_\_  
Applicant Member

\_\_\_\_\_  
Co-Applicant Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If applicant is under the age of 18, signature of \_\_\_\_\_, minor's parent or guardian assuming complete responsibility for minor.

