

## MATACHEWAN "GET FIT" CENTRE APPLICATION FORM FOR MEMBERSHIPS

NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_ Work #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

MEMBERSHIP REQUESTED: (Please circle)

Length of Time: **One Month**    **Three Months**    **One year**

Adult	\$20.00	\$55.00	\$200.00
Older adult (over 50) or	\$18.00	\$45.00	\$160.00

Please Note: Membership Policy

1. Membership Refund
  - (a) Requests must be made in writing to the Committee
  - (b) Consideration will be made under the following situations:
    - persons making an unforeseen move out of the area,
    - person can produce a Doctor's certificate proving they are unable to utilize the facility
2. Memberships may be extended due to:
  - facility shut down,
  - person can produce a doctor's note proving they are unable to utilize the facility
3. The committee reserves the right to cancel or suspend any membership
4. Memberships are non transferable.
5. All members expecting to have full (24) personal use of the gym facility must qualify for and pay for a \$10.00 refundable deposit for a proximity access tag (while quantities last)

Applicant's Signature: \_\_\_\_\_

Cash or Cheque taken by: \_\_\_\_\_ Start date \_\_\_\_\_ Expiry date \_\_\_\_\_

Receipt Number \_\_\_\_\_

Par Q form completed      Y / N