

NCH Wellness Center Membership Application and Agreement

Briggs Wellness: 399 Ninth Street North | Naples, FL 34102 | Phone: (239) 624-2750 | Fax: (239) 624-2751
 Whitaker Wellness: 2330 Immokalee Road | Naples, FL 34110 | Phone: (239)624-6870 | Fax: (239) 624-6871

Name (Primary Member)		DOB		Gender	M or F
Address		City & State		Zip	
Phone Number	Email		Scan Tag #		
Emergency Contact		Phone			

Sub Members – If Applicable

Name	DOB	Relation	M or F	Scan Tag:

Initial Terms and Conditions

	Monthly membership dues will be collected on the 1 st day of each month by electronic debit from member's checking account (EFT) or credit card. A charge of \$25.00 will be assessed on EFT payments rejected by the bank. NCH Wellness Center reserves the right to cancel membership if payments are not made when due.
	For payment discrepancies, notify NCH Wellness immediately. Any discrepancies discovered after payment of a month's dues will be adjusted on the next scheduled draft date.
	Member may place membership on "hold" for a minimum of 4 weeks and a maximum of 12 months per hold. Member must fill out a "Hold/Cancellation Form" in order for the hold to be guaranteed and must furnish proof of such form if a discrepancy occurs. Monthly dues will be suspended during the time of the hold. Forms must be received by the 25 th day of the month preceding the requested hold start date. Refunds will not be provided for forms turned in after the draft has gone through for any month. Hold time will be added to the expiration date of annual members.
	Monthly members may not place membership on hold or cancel prior to one full month's billing cycle following a new join or reactivation.
	Members may "reactivate" membership from a "hold status" by filling out the "Reactivation Form" in person at the center. A \$25.00 reactivation fee must be paid by monthly billed members at the time of reactivation as well as dues (or portion thereof) required until next scheduled draft date. Annual members are exempt from the fee and hold time will be added to the expiration date at time of expiration. Replacement scan cards are \$10.00.
	Monthly memberships are continuous and remain in effect, regardless of attendance, until written notice or "Hold/Cancellation Form" is filled out and turned in by the member. NO refunds for cancellation notices received after a monthly draft has been processed. Annual memberships will terminate upon expiration unless renewed by the member. Annual members canceling prior to membership expiration will be refunded the remaining time on the membership less the \$25.00 cancellation fee. The refund excludes any discount received for payment in advance. Annual members requesting cancellation prior to membership expiration must do so in writing.
	Members agree that the use of facility will be at member's risk. Member waives any claim for injury to member and/or guest(s) for damage, loss or theft of member's property arising out of or in connection with the use of the facility.
	Membership privileges may be suspended for breach of rules and regulations, undesirable behavior, or violation of any of the terms and conditions in this agreement. The failure to enforce any portion of this agreement shall not affect the enforceability of that or any other provisions of this agreement. Facility rules may be found on our website: www.nchmd.org/wellness under "Membership Handbook".
	NCH Wellness Center reserves the right to change facilities, fees, rates, hours, schedules, instructors, rules & policies.
	Children 12 through 15 years of age must be accompanied by a parent or guardian at all times, in all locations, of the Wellness Centers including the locker rooms. Children under the age of 12 are not permitted in the lobby unless accompanied at all times with an adult.
	We reserve the right to be closed for up to 10 days a year to observe legal holidays and for maintenance and repair of our facilities. There will be no adjustment in membership dues for these closures.

By signing this form, member(s) understands and agrees to all terms and conditions outlined above.

Signature (primary member)

Date

----- For Internal Use only -----

Membership Type:		Billing Type: Monthly or Annual	
Enrollment Fee:	Dues:	Total Collected:	
Paid by:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:	<input type="checkbox"/> Credit Card Last 4 Digits Only:	Staff Initials