

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

Main Member					
Name		DOB		Gender	M or F
Address		City & State		Zip	
Phone Number		Email		Scan Tag #	
Emergency Contact		Phone			
Is your membership payroll deducted? (Yes / No) If Yes, Company Name					
Will you be renting a locker? (Yes / No) If Yes, Locker #					

Sub Members – If Applicable					
Name		DOB		Relation	M or F
Scan Tag:					
Name		DOB		Relation	M or F
Scan Tag:					

I acknowledge and agree to the following terms and conditions outlined below:

- **Automated Billing:** Monthly membership dues will be collected on the 1st day of each month by electronic debit from member’s checking account or credit card. A charge of \$25.00 will be assessed on 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.
- **Membership Hold:** 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 Form” in order for the hold to be guaranteed and must furnish proof of such form if a discrepancy occurs. Holds must be done in writing and will not be taken over the phone. **Phone messages will not be accepted as proof of hold.** Account balance must be paid in full before putting account on hold. Monthly dues will be suspended during the time of the hold. Forms must be received by the 25th day of the month preceding the requested hold start date. Monthly members may not place membership on hold prior to one full month’s billing cycle following a new join or reactivation. **Memberships are continuous and remain in effect, regardless of attendance, until written notice or “Hold Form” is filled out and turned in by the member.** NO refunds for hold notices received after a monthly draft has been processed. Hold status CAN NOT be back-dated. If member reports non-usage of membership due to medical situation, a physician’s note will be required for account review. Hold time will be added to the expiration date of annual members. Annual memberships will terminate upon expiration unless renewed by the member. Annual memberships are non-refundable. **Members are aware of and agree to NCH Wellness Hold Policy outlined in this application.**
- **Membership 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.
- **Liability:** 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.
- **Etiquette:** 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”.
- **Age Restrictions:** 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.
- **Modifications:** We reserve the right to be closed for up to 12 days a year to observe legal holidays and for maintenance and repair of our facilities. We may be closed additional days due to severe weather or national/global emergencies. There will be no adjustment in membership dues for these closures. NCH Wellness Center reserves the right to change facilities, fees, rates, hours, schedules, instructors, rules & policies.

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

Signature (Primary Member)

Date

Staff Use Below Only:

User Group:	Monthly Billing = \$	Annual Price = \$
(SelfPay / CompanyPay)	1 st Month Prorated = \$	Expiration = ____ / ____ / ____
Notes:		Staff Initials _____