



Date: _____

Name on account (Please print): _____

Current Membership Type: _____

Phone number: _____

E-mail Address: _____

Address: _____

To CHANGE your membership type, please choose the type of membership you are requesting:

**Please note that Monthly memberships may ONLY be paid by Autopay(bank draft). Semi-Annual and Annual memberships may be paid by check, cash or Autopay.

FAMILY Monthly (\$45/per month) Semi-Annual (\$250/6 months) Annual (\$480/ year)

***Individuals 23 years of age and older are required to have their own membership

HUSBAND & WIFE Monthly (\$25/per month) Semi-Annual (\$145/6 months) Annual (\$265/ year)

60+COUPLE Monthly (\$22/per month) Semi-Annual (\$125/6 months) Annual (\$230/ year)

INDIVIDUAL Monthly (\$20/per month) Semi-Annual (\$110/6 months) Annual (\$210/ year)

60+ INDIVIDUAL Monthly (\$15/per month) Semi-Annual (\$80/6 months) Annual (\$150/ year)

Members to be added or removed from your account (membership restrictions apply):

****Liability waiver and PAR-Q MUST be signed and returned with this form for all new members.**

Name _____ DOB _____ SPOUSE/CHILD ADD/REMOVE

Name _____ DOB _____ SPOUSE/CHILD ADD/REMOVE

Name _____ DOB _____ SPOUSE/CHILD ADD/REMOVE

You will be contacted if any additional payment is due in order to complete membership change.

Signature: _____

Date: _____

FLC Welcome Desk Staff Signature: _____



CHAMPION FOREST BAPTIST CHURCH
Family Life Center

**CANCELLATION of
MEMBERSHIP**

Cancellation Policy

Intent to cancel your membership must be given at least 14 business day before the next billing date to avoid charges and fees.

Any outstanding balance at the time of cancellation must be resolved before any membership will be reinstated. There will be a \$45 reinstatement fee for reapplication of memberships that have been cancelled or gone inactive.

Name on account (*Please print*): _____

Phone number: _____ E-mail Address: _____

We're sorry to see you go! Please help us improve by answering three quick questions.

Please tell us your reason for canceling your membership:

- _____ Moving
- _____ Dissatisfied
- _____ Joined another gym
- _____ Other (please explain) _____

What did you like best about the FLC?

- _____ Equipment Availability _____ Hours of Operation _____ Cleanliness
- _____ Staff Friendliness _____ Variety of Equipment _____ Atmosphere
- _____ Fitness Classes _____ Personal Trainers _____ Other _____

How can the FLC be improved?

Membership to be cancelled as of: _____

Today's date: _____

Signature: _____

Date: _____

FLC Welcome Desk Staff Signature: _____