



**Louisiana Family  
Fitness Center**  
OPELOUSAS

# Membership Application

Name (Last, First, MI)	D.O.B.
Address	Age
	Phone

This is to certify that the above is a member of Louisiana Family Fitness Center and agrees to abide by the rules and regulations. Violations of rules and regulations, may at the option of the Center, result in the cancellation or suspension of member's membership by the Center. This agreement entitles the above member to the use of complete Center facilities, unless otherwise stated in rules and regulations or restrictions noted by physician. Children under the age of 14 are not allowed to use the Weight Room, Cardio Rooms, Saunas, Whirlpools, and Steam Rooms. Special consideration may be given for children upon request of the parent/guardian. An authorization form, pending management approval, must be signed by the parent and parental supervision is specifically required during usage of these areas. No small children will be allowed in these areas for their safety.

**To cancel membership you must send a 30 day written notice before your contract expires, or it will automatically renew.**

**DELINQUENT ACCOUNTS WILL BE HANDLED IN THIS MANNER:** The closing date of your account is the last day of each month.

**30 Days** - Account is Past Due.

**60 Days** - Account is posted to Delinquent List and all Charge Privileges Suspended.

**90 Days** - Membership is Cancelled and account is turned over to the collection agency. Finance charges of 1-1/2% per month will be assessed on any amounts more than 30 days past due. A 25% collection fee will be incurred as a result of account being turned over for collection.

If for any reason your membership is cancelled, you may be reinstated within a three month period without the assessment of a new registration fee. After a three month period a new registration fee will be assessed for reinstatement as a member.

Type of Membership \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Expiration Date \_\_\_\_\_

Entry Fee \$ \_\_\_\_\_ Bank Draft 5th of Month \_\_\_\_\_

Membership \_\_\_\_\_ Per Month Type of Agreement \_\_\_\_\_ 6 Month \_\_\_\_\_ 12 Month

Rules/Regulations Received:  Yes  No

Contract Given:  Yes  No

Family Member	Name (First)	(Middle)	(Last)	Age	D.O.B.
Spouse					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

I \_\_\_\_\_, do fully understand and accept the terms of this agreement as stated and do realize the contractual obligations regarding the procedure for cancellation and delinquent accounts.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Family Fitness Center Authorized Signature \_\_\_\_\_