ALCHEMY

COUPLE & FAMILY MEMBERSHIP AGREEMENT MONTHLY EFT

CLIMBING	OFFICE USE ONLY									
PRIMARY MEMBER INFORMATION						Payme	ent \$	SetupMgr Approval		
Last Name					First Name			MI	Date of Birth	
Address					City Stat				Zip	
Primary/Cell/Home Phone		Phone			Email (email addr	esses are never shared	l/sold)			
IEMBERSHIP DE										
Family & Couple Join Family*: Mem		•	als.	Initiation				Monthly	Initiation	
Family*: Member Name(s) Monthly ☐ 1 st Family (primary listed above) \$7				Initiation \$35	□ 2rd Family			Monthly \$25	Initiation n/o	
\square 2 nd Family\$					☐ 4 th Family					
Additional Monthly Add					•	ocker Rental Add) II/a	
INCLUDES: ADULT COUPLES				` , ,	<u> </u>		. , ,	· ·	ILLED JOINTLY.	
NOTICE: LOWER TIERED FAN	•	•								
										
EMBERSHIP TE	RMS									
Member Initials	Membersh	ip Start Date	<u> </u>		Me	embership End	Date	OPEN		
		•				·				
	This membership is a monthly DUES paying membership. It begins on the date indicated above and continues indefinitely until cancelled in writing.									
	Beginning on the 1^{st} OF EACH MONTH, monthly dues (plus tax) and any invoiced items will be paid to ALCHEMY CLIMBING by electronic funds transfer (EFT) as listed below.									
Member Initials	This membership can be frozen for \$8 per month, per frozen member. All freezes begin on the 1st									
Member Initials	In the event of a declined EFT payment, a bank decline and late fee of \$10 is charged.									
	Alchemy Climbing reserves the right to increase dues at its discretion with 30 days written notice. Notices will be sent via email or the mailing address on file.									
Member Initials	Membership changes (<i>freezes, billing details, cancellations, etc.</i>) must be submitted in writing a minimum of 72-hrs prior to the billing date (<i>the 1</i> st) to be effective for the next billing month. Requests <u>may</u> be submitted through the MEMBER CHANGE portal (available online), in the gym, or by certified mail.									
UTHORIZATION	FOR EL	ECTRON	IC F	UNDS T	RANSFER	?				
I hereby authorize Alchemy entries made in error. I here billing will be accessed a 1.9 potification from me of its te	eby authorize t 9% surcharge	he financial inst	itution	named belov	w to credit and/or	debit the same to su	ich account. (Credit card	used for monthly	
notification from me of its termination. Name on Card or Account			BILLING Address on Card/Account (if different)			ent)	BILLING Phone on Card/Account (if different)			
Credit Card Last 4 Digits			or fo	or DIREC	T RANK WIT	HDRAW – AT	TACH VOI	DED CH	IECK	
Credit Card Expiration Date			or for DIRECT BANK WITHDRAW – ATTACH VOIDED CHECK Bank Routing Number Bank Account Number							
IGNATURE(S) I have been advised of the Te	rms and Condit	ions of Mombors	hin and	I fully understa	and the Mambarah	nin Agreement INI WI	TNESS WHED	FOE this M	amharshin	
Agreement has been execute				w.		· •	IINLOO WITEKI		·	
Member Signature				Date	Parent/Gua	ardian Signature			Date	
EFT Authorization Signature (if diff	erent from above	signature)		Date	Membershi	p Salesperson Signature			Pate	

