

By checking this box, you agree that e-signatures typed into this form are validated as your willing signature.



CARROLL WELLNESS CENTER MEMBERSHIP REACTIVATION

PLEASE PRINT

[Click the Down Arrow to Make Your Selection](#)

Membership Type: <input type="text"/>	Membership Number: <input type="text"/>
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MEMBER INFORMATION

First Name: <input type="text"/>	Last Name: <input type="text"/>	MI: <input type="text"/>
Date of Birth: <input type="text"/>	Sex: <input type="text"/>	
Mailing Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Cell Phone #: <input type="text"/>	Alternative Phone #: <input type="text"/>	
Email: <input type="text"/>	Employer: <input type="text"/>	

SPOUSE INFORMATION ONLY PROVIDE SPOUSE INFORMATION IF SPOUSE IS JOINING

First Name: <input type="text"/>	Last Name: <input type="text"/>	MI: <input type="text"/>
Date of Birth: <input type="text"/>	Sex: <input type="text"/>	
Cell Phone #: <input type="text"/>	Alternative Phone #: <input type="text"/>	
Email: <input type="text"/>	Employer: <input type="text"/>	

EMERGENCY CONTACT NUMBER

First, Last Name: <input type="text"/>	Phone #: <input type="text"/>	Relationship: <input type="text"/>
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LIST ADDITIONAL FAMILY MEMBERS/CHILDREN - ONLY IF THEY ARE JOINING UNDER YOUR FAMILY PLAN

First Name:	Last Name:	MI:	Date of Birth:	Sex:	Employer/School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If I am opening an individual membership or an adult couple or family membership, I verify that the above information is true and correct. I verify that all family members listed are my immediate family only, including my married spouse/and or dependent children only under the age of 22. Any other child may only be listed if I have legal custody and have provided written documentation for my membership file.

Member/Account Holder's Signature: <input type="text"/>	Date: <input type="text"/>
Member/Account Holder's Signature (Spouse): <input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

#CWCstrong
Revised August 2020

CARROLL WELLNESS CENTER

MEMBERSHIP PAYMENT AUTHORIZATION



Member Name:			
Membership Type:		Monthly Dues:	
FIRST MONTH INITIAL DUES			
Prorated:		(month)	Amount Due:
Next Month Membership Dues:		(month)	Amount Due:
If joining after the 15th of current month			
Total Amount Due Day of Sign Up:			
Next Payment Due:			

CARROLL WELLNESS CENTER PAYMENT OPTIONS - PLEASE SELECT ONE

OPTION 1: RECURRING CREDIT CARD PAYMENT

Credit Card Withdrawal Date - Check One	<input type="checkbox"/> 1st of every month	<input type="checkbox"/> 15th of the month
	Credit Card Type:	Credit Card #:
Expiration Date:	3 Digit Security Code:	

OPTION 2: RECURRING CHECKING ACCOUNT PAYMENT

Checking Account Withdrawal Date-Check One	<input type="checkbox"/> 1st of every month	<input type="checkbox"/> 15th of the month
	Option 1: Attach Voided Check	
Option 2: Bank Name:		
Account Number:		
Routing Number:		

OPTION 3: RECURRING YEARLY PAYMENT (20% OFF)

Start (month):		Start (year):	
Yearly Paper Statement:	<input type="checkbox"/>	Yearly Withdrawal:	<input type="checkbox"/>
(checking account information must be provided)			

OPTION 4: PAYROLL DEDUCTION THROUGH EMPLOYER

Company Name:	
Payroll Deduction Companies: Carroll County, Carroll County Public Schools, Turman's, Jeff Johnsons	

CARROLL WELLNESS CENTER MEMBERSHIP AGREEMENT (CONTINUED ON BACK)

	(initial) I understand this membership payment authorization of auto draft or payroll deduction will continuously remain in effect unless CWC receives a written and/or email notification from me indicating my desire to discontinue my membership. I understand my payment will discontinue not more than 15 days after receipt of this notice.
	(initial) I understand that if my membership key tag card is lost or damaged, I will be responsible to notify Carroll Wellness Center and pay a \$3.00 replacement fee .
	(initial) I understand that Carroll Wellness Center administration shall have the right to suspend or terminate any membership for late or lack of payment.

Member/Account Holder's Signature:	
Member/Account Holder's Signature (Spouse):	

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

#CWCstrong
Revised August 2020

CARROLL WELLNESS CENTER MEMBERSHIP PAYMENT AGREEMENT FOR ITS SUCCESSORS AND/OR ASSIGNS



The Carroll Wellness Center is a charitable not-for-profit membership organization. Dues are paid by the monthly bank draft plan. I understand the Carroll Wellness Center and/or any Carroll Wellness Center employee, officer or director will have no liability or responsibility for any personal injuries or loss or damage to personal property, sustained by the member while using Carroll Wellness Center facilities.

MONTHLY DRAFT: Terms and Conditions

1. I understand that this is a continuous membership plan and that this membership will remain in effect for as long as I retain the membership card issued to me.
2. Family membership is defined as an individual plus two others from the individual's immediate family. Family is defined as the member plus spouse or dependent children under the age of 22.
3. **(initial)** I understand that if I wish to terminate or change my membership in any way, I must give the Carroll Wellness Center a 15-day written notice.
4. The CWC Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership once per year. I understand that I will receive at least four weeks notice prior to any such change.
5. Should my bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, plus a service charge applied by Carroll Wellness Center. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify Carroll Wellness Center with a 15-day written notice should I change my financial institution at any time.
6. Member agrees, on behalf of member and all persons covered by this Agreement, to abide by all Carroll Wellness Center rules and regulations as issued and as may from time to time amended, by all posted notices, and by the direction of Carroll Wellness Center management.
7. Membership key tag cards MUST be presented to enter the facility. Any member who leads their membership key tag card to another individual will be subject to loss of membership privileges.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION AGREEMENT	
Member/Account Holder's Signature: (Parent/Guardian if minor) <input type="text"/>	Date: <input type="text"/>
Member/Account Holder's Signature (Spouse): (Parent/Guardian if minor) <input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

#CWCstrong
Revised August 2020