



MEMBERSHIP CONTRACT

PRIMARY MEMBER DETAILS

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ CDL#: _____

ADDITIONAL MEMBER INFORMATION

FIRST	LAST	DOB	GENDER

MEMBERSHIP TYPE

- SINGLE MEMBERSHIP (\$50 MONTH/EFT)
- FAMILY MEMBERSHIP (\$75 MONTH/EFT)

BILLING DETAILS

MONTHLY DUES: _____

FIRST/LAST DUES: _____

PROCESSING FEE: _____

TOTAL DUE WITH CONTRACT: _____

EFT BILLING: YES NO

INITIALS _____

STATEMENT BILLING: AN ADDITIONAL \$5.00 A MONTH WILL BE ADDED TO DUES

CERTIFICATION

I, the undersigned, hereby certify the above information to be correct, and understand that I am making _____ commitment in good standing, AND WILL GIVE (30) THIRTY DAYS WRITTEN ADVANCED NOTICE OF ANY INTENTION TO TERMINATE CONTRACT.

SIGNATURE OF APPLICANT: _____ DATE: _____

(PARENT OR GUARDIAN MUST SIGN IF UNDER 18)

OFFICE USE ONLY

IN BY: _____ AMOUNT RECEIVED: _____

CK VS MC CS DATE: _____ MEMBERSHIP NUMBER: _____