



## MEMBERSHIP APPLICATION

2023

*✓ Membership Application must be submitted to a staff member*

## MEMBERSHIP APPLICATION

The undersigned has read and understands the Terms and Conditions of the Membership Plan. Please indicate the total number of family members:

**Applicant:** \_\_\_\_\_  
*(First) (Last) (DOB)*

**Mailing Address:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Spouse/Other:** \_\_\_\_\_  
*(First) (Last) (DOB)*

**Children:**

1) \_\_\_\_\_  
*(First) (Last) (DOB)*

2) \_\_\_\_\_  
*(First) (Last) (DOB)*

3) \_\_\_\_\_  
*(First) (Last) (DOB)*

4) \_\_\_\_\_  
*(First) (Last) (DOB)*

Pricing will be discussed with your sales representative prior to acceptance to the club. Upon Acceptance to EZIA Athletic Club, I agree to pay in full by:

**ACH or Check | Wire Transfer | Credit Card**

## **AUTHORIZATION FOR PAYMENT**

By signing this application, the applicant acknowledges receipt of the Membership Terms and Conditions and agrees to be bound by all of their respective terms and conditions, as they may be amended from time to time. Dues, fees, and charges are subject to applicable State of Massachusetts taxes. Membership dues, use and facility fees are subject to change without notice.

I hereby authorize EZIA Athletic Club to initiate a charge to the accounts noted for both my joining fee, annual dues and other recurring charges and the dues and recurring charges of all additional members added to my membership and my house charges for goods and services purchased at EZIA Athletic Club. This authorization is to remain in effect until EZIA Athletic Club has received written notice from me of its termination and the notice has become effective. I have the right to stop payment on the Electronic Funds Transfer debit by notifying my bank.

This, however, does not void or alter my contract with EZIA Athletic Club to fulfill my payment commitment and I am obligated to pay by some other method. The processing date for credit/debit cards may vary due to banking procedures and if charges are returned they will be subject to a Late Fee or Return Fee. I understand that my account information will be stored electronically and will not be present at the time of purchase.

## **OFFICE PAYMENT POLICY**

Prices and payment arrangements will be discussed with the account manager prior to joining EZIA Athletic Club. It is our policy that payment is due in full at the beginning of each calendar year, with ACH and a credit card on file for each appointment and incidentals. Please remember that you are 100% responsible for all charges incurred. It is recommended to all members to understand all details before incurring a bill. If you require special arrangements to be made, please discuss this with the accounts manager before starting your membership.

Please sign below indicating that you have read, understand, and agree with all of the information on this page:

**Printed Name:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications will not be accepted without ACH or Credit Card information**

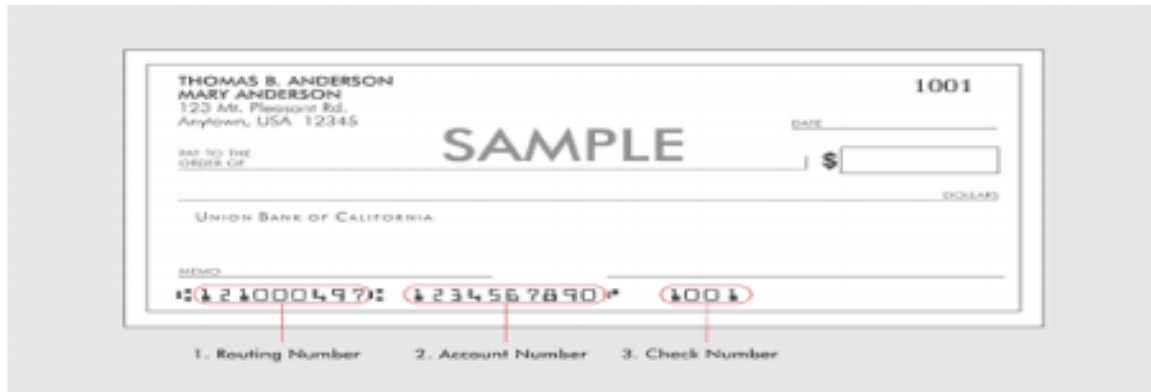
**ACH Debit Information:**

Bank Account Name \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

9 Digit Routing Number: \_\_\_\_\_

10 Digit Account Number: \_\_\_\_\_



**Credit Card:**

Name on Card: \_\_\_\_\_ Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV code: \_\_\_\_\_ Billing address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Checks payable to:**

EZIA Athletic Club Inc.

**Sponsorship Obligation**

According to the Membership Plan, new Private Members are required to invite and sponsor other like-minded candidates within the community. In an effort to give you the first priority in inviting your friends and family while space is available, who will benefit from preferred pricing on our club membership, kindly provide the names and contact information of two prospects whose membership you volunteer to sponsor.

Sponsor Name (1): \_\_\_\_\_ Contact \_\_\_\_\_

Sponsor Name(2): \_\_\_\_\_ Contact \_\_\_\_\_



**APPROVED AND ACCEPTED:** *(Office Use Only)*

Received/Approved By: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Membership #: \_\_\_\_\_