

## Centennial Place Fitness Centre MEMBERSHIP APPLICATION

SHADED AREAS FOR OFFICE USE ONLY					
MEMBERSHIP #	SECURITY CARD #	START DATE →	MM	DD	YY
NAME: FIRST	LAST	DATE OF BIRTH →	MM	DD	YY
HOME ADDRESS	POSTAL CODE	CELL PHONE:			
COMPANY NAME	WORK EMAIL	BUSINESS PHONE:			
EMERGENCY CONTACT NAME (*required)	EMERGENCY CONTACT PHONE (*required)	RELATIONSHIP			

**CHECK APPROPRIATE BOX BELOW:**

- NEW MEMBER
- RETURNING MEMBER

MONTHLY FEE
PRO-RATED FEE
REJOINING ADMIN FEE
INITIAL PAYMENT

**CANCELLATION:** Cancellation notification must be received no later than the 20<sup>th</sup> of the month to be effective for month-end. There is a four (4) month minimum membership term. Term (paid in full) memberships that are not renewed by the 20<sup>th</sup> of the last term month will be considered a cancellation. Tenants must pay a \$50.00 administration fee to rejoin.

**PRIVACY:** Centennial Place Fitness Centre is committed to protecting personal information by following responsible information handling practices in accordance with the provisions of the Personal Information Protection Act (PIPA) of Alberta. The member hereby gives permission for the Centennial Place Fitness Centre or its nominees, associates, and affiliates or their employees, to collect any personal information contained in this document, maintain personal information already on file and to collect further information for the purpose of contacting the member by mail, fax, telephone and/or email.

I understand and agree to the above cancellation/privacy terms. \_\_\_\_\_ **(initial)**

**PAYMENT AUTHORIZATION:** I hereby authorize Centennial Place Fitness Centre to collect membership fees, by pre-authorized chequing or credit card payment, at the current rate. Rates may be adjusted with notice posted in the Centennial Place Fitness Centre 30 days in advance. I have read and understand the terms and conditions of membership.

MEMBER SIGNATURE	DD	MM	YY
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RETURN APPLICATION **INTACT** TO THE CENTENNIAL PLACE FITNESS CENTRE

New member orientation complete and copy of policies & procedures received	DD	MM	YY
LIVunLtd. AUTHORIZED SIGNATURE			