

CrossFit PAX Membership Auto Pay Agreement/Upgrade/Change

Name (printed) _____

Address (update if needed) _____

City _____ State _____ ZIP _____

Email address _____

Phone Number _____ Date _____

New Member? _____ Change to Existing Membership? _____

Membership Options ("X" the desired membership option):

- ___ BLUE Unlimited Blue CrossFit Classes.....\$150/mo.
- ___ ORANGE BLUE + Specialty Classes+Open Gym.....\$165/mo.
- ___ GOLD ORANGE+ 20%off retail.....\$185/mo.
- ___ 10 class pass (**not eligible for discounts**, valid 1 year from purchase)..... \$175

Discounts (Family may be combined with another discount)

- ___ FAMILY 20% off immediate family monthly memberships, applies to both monthly members.
Name of family member _____

Only one below may be selected

- ___ Military 10% off membership for active duty E7 and above, drilling reserve, and retired
- ___ Military 20% off membership active E6 and below
- ___ Responder 10% off membership for Firefighter/EMT/ Police
- ___ Student 10% off membership for full time student +12 hours

TOTAL PER MONTH TO BE PAID (AUTOPAY) EACH MONTH..... \$ _____

Contract Start Date: Month _____ Day _____ Year _____ (1st Month Pro-Rated)

Membership will continue with automatic renewal for subsequent months, unless cancelled or modified by member or CrossFit PAX, with notification of Five (5) days in advance of the next billing date. **Failure to notify CrossFit PAX of cancellation in writing prior to next billing will result in auto-pay being processed. We will not refund money if notification of cancellation is not received prior to 5 days before the next billing cycle. Bill due dates may be obtained any time via member account in Zen Planner.**

Please read, initial and sign below.

- ___(a) I agree to purchase the above membership and agree to automatic payment via credit card, or automatic debit to my checking account each month. I must furnish CF PAX with this account information prior to attending classes.
- ___(b) I hereby certify that I am the holder of the account or have permission to use the account.
- ___(c) I will treat other athletes and coaches with respect.
- ___(d) I will clean up after myself: equipment, sweat, blood, chalk etc.
- ___(e) I will be billed in full via Autopay on the ZenPlanner Program at the beginning of each month.
- ___(f) I understand any changes, updates, holds or cancellations relating to my membership must be made in writing via this form or the Hold and Cancellation form and submitted to CF PAX staff.

Signature: _____ Date: _____