

# 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):

**Monthly (recommended)**

\_\_\_\_ Unlimited CrossFit + Specialty Classes.....\$158/mo.

**Punch Card**

\_\_\_\_ 10 class pass (**not eligible for discounts**, expires 1 year from purchase) .....\$175

**Discounts for monthly membership**

**Only one below may be selected**

\_\_\_\_ Military 10% for **active duty E7 and above, drilling reserve, and retired** (ID required)

\_\_\_\_ Military 20% off monthly **active E6 and below** (ID required)

\_\_\_\_ Responder 10% off membership for Firefighter/EMT/ Police

\_\_\_\_ Teacher/Student 10% off membership for full time student +12 hours

**(Family may be combined with another discount)**

\_\_\_\_ FAMILY 20% off immediate family monthly memberships, applies to both monthly members.

Name of family member \_\_\_\_\_

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

Contract Start Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (1<sup>st</sup> Month Pro-Rated)

Monthly Membership will continue with automatic renewal for subsequent months, until 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 via pink Cancellation form prior to next billing will result in auto-pay being processed. Remainder of membership month will not be refunded. 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. I agree to furnish CF PAX with this account information prior to attending classes and to maintain updated account information during my membership.

\_\_\_\_(b) I hereby certify that I am the holder of the account or have permission to use the account.

\_\_\_\_(c) I agree to pay a \$20 late fee for any bill overdue by more than 14 days.

\_\_\_\_(d) I shall treat other athletes and coaches with respect.

\_\_\_\_(e) I shall clean up after myself: equipment, sweat, blood, chalk etc.

\_\_\_\_(f) I agree to billing in full via Zen Planner Autopay on the billing due date for membership and retail.

\_\_\_\_(g) 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 (pink) form and submitted to CF PAX staff.

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