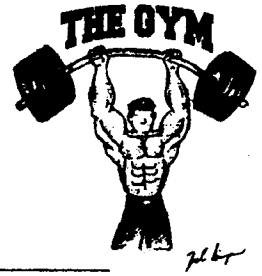


The Gym of Cushing

1527 E Main
Cushing, OK 74023
(918) 225-2225



Date _____

MEMBERSHIP APPLICATION

NAME _____ **M / F**
 LAST **FIRST** **MIDDLE INITIAL**

ADDRESS _____
 STREET ADDRESS

 CITY **STATE** **ZIP CODE**

PHONE _____
 HOME **WORK** **CELL**

EMPLOYER _____
 NAME **PHONE**

 ADDRESS **CITY**

BIRTHDAY ____ / ____ / ____ **SSN / DL** _____

E-MAIL ADDRESS _____

DO YOU WANT A MONTHLY REPORT? **YES** **NO**

WHAT WOULD YOU LIKE YOUR 4 DIGIT PIN # TO BE? _____

EMERGENCY CONTACT _____
 NAME, **RELATIONSHIP** **PHONE NUMBER**

OFFICE USE prefer no debit cards on a monthly basis

Member Number _____ **Posted in Computer / by** _____

Membership Plan Chosen / Cost _____

First Month \$ _____

Prorate \$ _____

Total Paid \$ _____ **cash / check #** _____ **/ visa / mastercard**

MEMBER'S HEALTH WARRANTY

Member warrants and represents that he/she (and members under the Add on Membership) has no disability, impairment or ailment preventing him/her from engaging in active or passive exercises that will be detrimental to his/her health, safety or physical condition if he/she does so engage to participate. This representation is made knowing that THE GYM OF CUSHING will rely upon same, in respect, to the insurance of this membership.

MEMBER'S INDEMNITY AGREEMENT

Member assumes full responsibility for any person who becomes a member under this contract and shall indemnify THE GYM OF CUSHING, its affiliates, agents, or employees against any and all liability incurred by them to such member who does not become a signatory including, but not limited to, member, minor children or their guest.

RULES AND REGULATIONS

Member agrees to abide by all the membership rules and regulations of THE GYM OF CUSHING which may be posted at the facility and issued orally and which may be amended from time to time at the THE GYM OF CUSHING 'S sole discretion.

MEMBERSHIPS

No one will be admitted into THE GYM OF CUSHING without an active membership. Memberships are not transferable or refundable. Memberships need to be paid in full.

THE GYM OF CUSHING RULES

GYM POLICY Memberships are non-refundable. If any one other than yourself uses your ID / PIN # , your membership will be cancelled. You must enter your ID/PIN# upon entrance into THE GYM OF CUSHING.

GUEST POLICY All guests must sign a release. The \$6.00 GUEST FEE is required upon entrance into THE GYM OF CUSHING.

DRESS CODE Shirts and clean shoes must be worn at all times.

TOBACCO PRODUCTS AND ALCOHOL are not allowed in THE GYM OF CUSHING.

MUSIC Bring headphones if you prefer special music.

ALL DRINK/WATER BOTTLES must have lids.

RACK your weights and clean up after yourself.

CARE & CONSIDERATION must be given to other members and equipment.

REMEMBER, this is your gym, respect it and have a great workout.

Member's Signature / Date

Staff Signature

The Gym of Cushing

**1527 E Main
(918) 225-2225**

We are a contemporary fitness center offering access to an indoor heated pool and hot tub, 24/7 access, personal trainers, various aerobic classes including water aerobic classes, yoga classes, massage therapists AND MUCH MORE. It is exciting to see our vision become reality - COME JOIN US.....

12 MONTH CONTRACT WITH 24 HOUR ACCESS

SINGLES	\$30.00/mth
COUPLES	\$55.00/mth
FAMILY	\$75.00/mth (Children under 21 y/o)
SENIORS	\$27.00/mth (70 + y/o)

6 MONTH CONTRACT NO 24 HOUR ACCESS

SINGLES	\$32.00/mth
COUPLES	\$60.00/mth
FAMILY	\$80.00/mth (Children under 21 y/o)
SENIORS	\$30.00/mth (70 + y/o)

MONTH TO MONTH NO 24 HOUR ACCESS

SINGLES	\$35.00/mth
COUPLES	\$65.00/mth
FAMILY	\$85.00/mth (Children under 21 y/o)
SENIORS	\$32.00/mth (70 y/o plus)
Daily Fee	\$6.00 (gym only)

The Gym of Cushing

MEMBERSHIP PAYMENT PLAN

Membership plan _____ amount _____

***CASH** PAID \$ _____ ***CHECK** PAID \$ _____

I hereby authorize **THE GYM OF CUSHING** to debit my bank account/charge my credit card account monthly for membership fee on or about the 5th ____ or 15th ____ or 25th ____ for the next _____ months. If I choose to cancel my membership I agree to pay \$150.00 cancellation fee.

*AUTOMATIC CHECKING WITHDRAWAL

Bank name _____

phone _____

address _____

city _____

state _____

Bank routing number _____

Bank account number _____

_____ voided check or deposit slip attached

Signature _____

date _____

***CREDIT CARD** VISA MASTERCARD 3digit code _____

ACCT# _____ EXP DATE _____

SIGNATURE _____

Prefer no check/debit cards on a monthly basis