



# Membership Application

Today's Date: \_\_\_\_\_

## Part 1: Contact Information

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants with respect to any aspect of credit transaction on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to contract). The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Applicant's last name	MI	First	Birth date	Age	Home phone
Parent's Name (if applicant is a minor)			Email address		
Current mailing address		City	State	Zip code	
Employer	Position		Work phone		
Emergency Contact	Phone		Relationship		

## Part 2: Debit Authorization

I (we) hereby authorize Wild River Fitness, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with the provisions of U.S. Law.

I (we) also acknowledge that at the end of my (our) contract term, the contract will automatically switch over to a month to month contract and the account on file will continue to be debited for the higher month to month rate. If I (we) choose to cancel or terminate my (our) membership, I (we) acknowledge that a written notice must be received by the COMPANY no later than 30 days prior to the date I (we) wish to terminate the contract. I (we) understand that failure to do so will result in an additional monthly payment to be debited from my (our) account.

Applicant's signature (parent if member is a minor)	Wild River Fitness representative (not valid without signature)
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### For Office Use Only

#### Membership Checklist:

- Copy of ID
- Membership Application
  - Emergency Contact
- Current R&W Signed
- Terms Signed (primary)
- Picture Taken
- Keys
  - Paid
  - Picked-up
  - Assigned in Excel
- Minor Consult(s) Scheduled
- Note & Attributes Added
- Tour
- Insurance Reimbursement
  - Copy of Card
  - NIHCA Form Completed
  - NIHCA Enrollment
- Discounts
  - PIF – copy of current employment proof
  - Veteran – view DD-214 form
  - Military ID – view ID, record exp. date
  - Student – copy of printed class schedule
    - HS Students – Grad Year: \_\_\_\_\_
  - OMC Employee/Volunteer – copy of ID badge
- SilverSneaker / SilverNFit/ Active&Fit/ Tivity Prime
  - Copy of insurance card
  - Verify on website
  - SS & Tivity Prime – Print, Order card
  - Shown to use tablet.

Notes: