

# Wyndmere Fitness Center

## Application and Membership Agreement

Member Names	Date of Birth	Grade Level (If Student)	Club ID#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ *(Used to send payment reminders)*

The member(s) purchases this membership from the Wyndmere Public School (101 Date Ave, Wyndmere, ND 58081, 701-439-2287). Member(s) promises to pay the membership fee and follow the rules, regulations, and policies of the Wyndmere Fitness Center and terms of this Application and Membership Agreement. Payment is due at the time of agreement and thereafter is due the 1st of each month. Member confirms that statements made in this Application and Membership Agreement are true and complete. All fees and hours of operation are subject to changes at the discretion of Wyndmere Public School.

Membership Options <i>(Please circle one)</i>			
	Adult	Family*	Senior (60+) or College
Yearly	\$150.00	\$250.00	\$75.00
6 Month	\$90.00	\$150.00	\$45.00
3 Month	\$50.00	\$90.00	\$25.00
Monthly	\$20.00	\$35.00	\$10.00
*Student covered IF parent is with them			

The Wyndmere Fitness Center will work with insurance companies for reimbursement of dues. Sanford, Blue Cross/Blue Shield of ND & MN currently offer reimbursement with most of their insurance plans. Please call the number on the back of your insurance card to check availability.

**There is a \$10 fee to replace lost fitness center cards. If you decide to cancel your membership, please return your key.**

Payment Record (Office Use Only)				
Date	Amt.Pd	Cash/Ch #	Rec'd By	Exp.

Keycard Information (Office Use Only)			
Card#	Name	Dep. Pd.	Returned Date