



Membership Enrollment Form

Date: _____

Name: _____ Email: _____

Street Address: _____ City, State, Zip : _____

Home Phone: _____ Mobile: _____

How did you hear about us? _____

___ \$65 Monthly Access For 3 Months
Starting _____ Valid Through _____

___ \$55 Monthly Access For 6 Months
Starting _____ Valid Through _____

___ \$600 Yearly Access
Starting _____ Valid Through _____

Payment Method

___ Cash ___ Check (Made out to Get Fit) ___ Card ___ Invoice

By signing below for monthly access you are agreeing to allow the Hartland Wellness Center by Get Fit Hartland to charge the card listed below in the amount selected above each month. The initial charge will be applied on either the 1st or 15th of the month, and will be listed above. A \$15 cancellation fee will apply for any early termination of membership. Please note that cash and check are valid for annual membership, drop ins, and punch passes only. Recurring Memberships must have a valid credit card to establish.

Signed: _____ Date: _____

Card: _____ Expiration: ____/____ CVV _____

Billing zip code if different from above: _____

Are you emailing this to us? Please feel free to omit your credit card details. We will call you directly for this sensitive information.