

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/discount options):

Monthly (recommended)

____ One Unlimited CrossFit+Specialty Classes+Open Gym.....\$179/mo.

Punch Card

____ 90-day 10 class pass (NO holds or extensions permitted)
(**not eligible for discounts**, valid 90 days from purchase/auto renews)..... \$225

Discounts for monthly membership only

Family may be combined with another discount

____ FAMILY 20% off immediate family monthly memberships, applies to all monthly members.
Name of family member _____

Eligibility will be verified. Only one below may be selected

____ Military 10% off membership for **active duty E7 and above, drilling reserve, and retired**
____ Military 20% off membership **active E6 and below**
____ Responder/Front Line Healthcare 10% off membership for **Firefighter/EMT/ Police/ER**
____ Teacher/Student 10% off membership for **full time student +12 hours**

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

Membership Start Date: Month _____ Day _____ Year _____ (1st Month Pro-Rated)

Membership will automatically renew for subsequent months, unless cancelled or modified by member, with notification of Five (5) days in advance of the next billing date. **Failure to notify CrossFit PAX of cancellation in writing on the Membership Hold and Cancellation Form prior to next billing will result in auto-pay being processed. Bill due dates may be obtained any time via member account in Zen Planner. Paid membership fees will not be refunded or prorated for cancellations. Membership prices are subject to change.**

Please **read, initial, sign and date** below.

____ (a) I agree to the above membership and agree to automatic renewal and payment via credit card, or automatic debit to my checking account. I agree to furnish my account information and to maintain updated valid 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, coaches, and gym equipment with respect - clean up after myself: equipment, sweat, blood, chalk etc.

____ (f) I agree to billing for payment-in-full via 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: _____