

**DOGMA ATHLETICA
MEMBERSHIP AGREEMENT**

Name of Participant: _____ Birth date: _____
Mailing Address: _____ City, State, Zip _____
Physical Address: _____ City, State, Zip _____
Home Phone: _____ Cell phone: _____
Email: _____

TYPE OF MEMBERSHIP

_____ Independent Coached Memb: \$145/month _____ Family Coached Memb: \$195/month
_____ Independent Membership: \$145/month _____ Family Membership: \$195/month
_____ Cycling Membership: \$120/month _____ Yoga Membership: \$120/month
_____ Cycling Punch Card: \$160/month _____ Yoga Punch Card: \$160/ month

Please list family members, relations and birth dates: _____

In case of emergency, please contact: _____
Emergency contact phone: _____ Cell: _____

TERMS

1. Term. I understand that this is a one-year membership with Dogma Athletica commencing _____, 200__ and ending _____, 200__, unless earlier terminated as provided herein. I understand that a membership is not necessarily perpetual, but is guaranteed for one year, providing none of the Dogma Athletica rules or policies are broken.

2. Application Fees. I understand that an administrative set-up fee in the amount of \$150.00 for an Independent Membership and \$200.00 for a Family Membership, together with first month's dues are required upon submission of this Membership Agreement. I understand that the administrative set-up fee is nonrefundable, and that it cannot be applied towards dues.

3. Monthly Fees. I agree to pay the sum of _____ per month for a _____ membership in Dogma Athletica. I understand that monthly membership fees and charges will be due and payable on the first day of each month.

4. Late Payments and Fees. All payments received will be applied first to finance charges and late fees, then house charges and dues. There will be a \$25.00 fee assessed on all returned checks. Membership accounts which are not paid in full by the 15th of the month will be assessed an additional \$5.00 per month late fee, together with finance charges of 1.5% per month until the account is paid in full. An account that is 60 days delinquent will automatically terminate the membership and Dogma Athletica will retain, in its entirety, the administrative set-up fee. In the event the delinquent account is sent to an outside collection agency or an attorney for collection, I agree to pay all costs and expenses associated with such collection attempts, including but not limited to all court costs and reasonable attorney's fees.

5. Dogma Athletica Membership Rules and Policies. I agree to abide by the Dogma Athletica Membership Rules and Policies. I understand that Dogma Athletica's Membership Rules and Policies may change from time to time, without notice.

6. Termination. In order to cancel my membership, I agree to provide written notice to Dogma Athletica by the 15th day of the month preceding the month in which I wish to cancel. For purposes of this section, notice of termination is considered given if by mail when received by Dogma Athletica, or if by hand delivery when delivered to the Dogma Athletica Director.

7. Miscellaneous.

7.1 I understand that I may rescind this Agreement within three (3) business days after receipt of a copy of this Agreement by providing written notice of such rescission to Dogma Athletica by hand delivery, mail or facsimile. For purposes of this section, notice of rescission is considered given, if by mail when postmarked, if by facsimile when sent with proof of transmission, or if by hand delivery when delivered to the Dogma Athletica Director.

7.2 I understand that Dogma Athletica reserves the right to refuse privileges to anyone.

7.3 I understand that Dogma Athletica reserves the right to increase monthly dues at any time.

Participant's Signature: _____

Printed Name: _____ Date: _____

Membership Number: _____

Set-up fee: _____ Dues: _____ Entered: _____ Total: _____