



Inside the HealthPlex at ARMC
 1501 W. Chisholm St.
 Alpena, MI 49707
 989.356.5600
 www.BayAthleticClub.com

BAC Membership Agreement
Sign Up Date _____
Start Date _____

Welcome to Bay Athletic Club! Special on Annual Memberships

FREE Personal Fitness Evaluation and Program Set-ups

Annual Membership	Per Month	Per Year
Individual	\$39.00	\$468.00
*Senior/Student/Corporate	\$36.00	\$432.00
Spouse Add-On	\$25.00	\$300.00
Student Add-On (19-24)	\$20.00	\$240.00
Child Add-On (14-18)	\$10.00	\$120.00

*Students must have valid student ID, Senior 62+,

ALL Memberships are ALL inclusive!

(Two weight circuits, Women's express room, group exercise classes!)

One-time \$50.00 initiation fee applies to ALL memberships.
 Monthly memberships are available for \$45.00 per month.

Please print membership information below:

ID # _____

Last Name	First	Middle Initial
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Home Address	City/State/Zip
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Home Phone	Email Address
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Date of Birth	Emergency Contact (Name & Phone)
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Employer	How did you heard about us? (friend, employee, media, other)
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Please list additional persons to be issued membership cards (write on back if needed):

ID # _____

Name	Relation	Date of Birth
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ID # _____

Name	Relation	Date of Birth
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Please help us get to know you a little better by filling out the following section.

<input type="checkbox"/> Bodybuilding	<input type="checkbox"/> Cycling	<input type="checkbox"/> Email updates	<input type="checkbox"/> Golf
<input type="checkbox"/> Group Exercise Classes	<input type="checkbox"/> Hiking	<input type="checkbox"/> Hunting	<input type="checkbox"/> Running
<input type="checkbox"/> Strongman contest	<input type="checkbox"/> Walking	<input type="checkbox"/> Boot Camp	Other _____

Payment Plan (please select):

Annual Membership Paid in Full (Receive FREE T-Shirt)

Enrollment Fee \$ _____

Annual Amount \$ _____

Total Received \$ _____ (paid by check or cash)

Annual Membership paid by Electronic Fund Transfer (EFT) from checking or savings

Enrollment Fee \$ _____

Monthly Dues \$ _____

Prorated Dues (partial monthly) \$ _____

Total received \$ _____

I (we) request to pay Bay Athletic Club, LLC under the company's automatic monthly payment agreement for the duration of the membership. I (we) authorize BAC to initiate debit transactions from my (our):

Checking Savings

- Memberships that are on a payment schedule run from the 15th of the month to the 15th of the following month. Memberships dues are prorated according to the start date.
- A service charge of \$25.00 will be charged to insufficient drafts.
- If you change your account, please make us aware before the 10th of the month otherwise the draw may be taken out of an old account and we will not be responsible for charges that occur.

Name of Financial Institution

Address

Account Number

Bank Routing Number

Name as it appears on account

Signature

Date

Member represents that he or she, as well as additional persons added on membership, are in good physical condition and able to utilize the Bay Athletic Club facility or programs therein, there is the possibility of accidental or other physical injury. Member further agrees to assume the risk of such injury and agrees to indemnify and hold harmless Bay Athletic Club or any of its agents from any and all liability resulting from the actions of the members at the facility. It is a policy of Bay Athletic Club that individuals with a medical infirmity consult a physician before joining.

Member understands that this is a contract and no refunds are given for memberships. Failure to use BAC does not relieve member of their obligation. For your convenience, upon completion of the first year, annual memberships continue *monthly* at the agreed upon rate until member gives a thirty (30) day written notice of cancellation.

I agree to the terms and conditions of the agreement.

Customer Signature _____ Date _____ Club Representative _____
Mail to: Bay Athletic Club c/o ARMC Human Resources 1501 W. Chisholm St. Alpena, MI 49707
Or call 989.356.5600

Program Set-up Scheduled With: _____ **Date:** _____