



Alive & Shine Membership Enrollment Form

Please complete all of the following (print clearly):

Name: _____

Email Address: _____

Billing Address: _____

City: _____ Zip _____

Phone: _____ Alt. Phone: _____

Credit Card #: _____ - _____ - _____ - _____

Exp: ____ / ____
m m / y y

____ Family Membership

____ Child 12 yrs or under

Names of family members: _____

Contract Start Date: _____

Your monthly charge will occur on this day each month. If you have any previous unpaid classes that are being reconciled with the Membership, your Contract Start Date can be set to the last unpaid class.

Credit Card Authorization: I authorize Alive & Shine Center (ASC) to enroll me in the monthly Alive and Shine Membership auto renew and to use my credit card on file to charge me each month at the current Membership price on the activation date and on that same date every month thereafter. I understand that my enrollment is for a minimum of 6 months. I also authorize ASC to automatically charge my card on file at the membership rate at the time I attend ongoing classes while I am a member. _____

Cancellation Policy: A minimum commitment of six months is required. To cancel, I will submit a completed Cancellation Form in writing at least 15 days in advance of my billing date, and will be effective from the next month. An additional \$25 cancellation fee will be charged if I cancel within 12 months. There will be no cancellation fee after 12 months. _____

Member Key Card must be returned at time of cancellation. Cancellation can only be processed once we receive your key card. My credit card will be charged each month for the monthly membership amount until the key card is returned. Lost key cards may be replaced for \$25. ASC will not freeze membership for any reason including to accommodate business travel or vacations. I understand there will be no refunds on membership dues or exceptions to this cancellation policy. _____

I have read and agree to this Credit Card Authorization, Cancellation Policy and Enrollment Form.

ASC reserves the right to alter or cancel this agreement with written notification to me.

Signature: _____ Date: _____