

Phone # (573) 632-5634 / 632-5614

Scan Card Renewal
I.D. Number: _____ New

Member's Name _____ M F
(Last) (First) (Middle) DOB _____ Age _____

Address _____
(Number) (Street) (City) (Zip Code)

Home Phone _____ Work Phone _____

Cell Phone _____ Email: _____

Emergency Contact / Relationship _____ Phone _____

How did you hear about the program: _____

Goals: Flexibility Performance enhancement Weight loss Strength Stamina
 Cardiovascular Post Rehabilitation General Fitness

PAYMENT OPTIONS AVAILABLE (check below): **All payments are non-refundable.**

| | | | | | | |
|--|------------------------------------|--|---------------------------------------|----------------------------|-----------------|-------------|
| Join Fee: \$45/ indiv. <input type="checkbox"/> | <input type="checkbox"/> Paid Full | <input type="checkbox"/> EFT (monthly) | <input type="checkbox"/> CRMC Payroll | | | |
| Join Fee: \$65 / couple <input type="checkbox"/> | INDIVIDUAL | | FAMILY | | | |
| Join Fee: \$85 / 3+ <input type="checkbox"/> | Monthly | 6 Months | Year | Monthly | 6 Months | Year |
| Regular: | \$33 | \$165 | \$297 | \$59 | \$295 | \$531 |
| Senior (62+): | \$25 | \$125 | \$225 | \$43 | \$215 | \$387 |
| CRMC Employee: | \$15 | NA | NA | \$35 | NA | NA |
| Corporate: | \$30 | \$150 | \$270 | \$54 | \$270 | \$486 |
| Company Sponsored Employee / Family: | Company Name: _____ | | Employee: _____ | Price from contract: _____ | | |
| Other : | _____ | | | | | |
| Full Charge (1-9) | | ½ month charge (10-19) | | Start next month (20-31) | | |

PLEASE READ AND SIGN

- Monthly rates require an electronic fund transfer form with a voided check.
- CRMC employees using payroll deduction must sign in the payroll box provided.
- 6-month or year members will automatically renew unless notification of cancellation.
- A 30-day written notice is needed to cancel your membership.
- A \$25 fee will be assessed for all returned checks.
- Freezes require a special form completed and fee of \$5.00 for individual and \$10 for family per month.
- Refunds cannot be given on partially used membership plans.
- I have received a copy of the Member Guidelines for Fitness Center Utilization.

Signature (all members)

Date HP Staff

CRMC EMPLOYEES ONLY (PAYROLL DEDUCT)

I hereby authorize the Payroll Department of Capital Region Medical Center to make payroll deductions from my paycheck for my Healthplex membership dues. I agree for the dues to be deducted until I personally sign a cancellation form.

Signature (CRMC employees)

Date

Sent to Payroll:

Date _____ Initials _____