

1st Billing Date: _____
 Enrollment Fees: _____
 1st Month Pro-rate: _____
 Next Month of Dues: _____
 1st Billing Total: _____



FOR OFFICE USE ONLY
 Effective Date: _____
 Enrollment Fee: _____
 Monthly Dues: _____

Membership Application - Member Information

Primary Member Information

Mr./Mrs./Ms.
 Name: _____ Phone (H/C) _____ (W) _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail Address(es): _____

Please list ALL individuals to be listed on membership, including Primary Member:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 Birth Date _____ Birth Date _____ Birth Date _____ Birth Date _____ Birth Date _____
 Gender M F Gender M F Gender M F Gender M F Gender M F

Emergency Contact(s): _____
 Relationship: _____ Work/Home Phone: _____ Cell: _____

For Corporate Account Memberships and Contacts Only

Corporation Name: _____ Corporate Contact Phone: _____
 Corporate Contact Signature: _____ Corporate Contact E-mail: _____

Membership Staff Only

Membership Type		Billing Method	Member Acknowledgement of Key Information	
<input type="checkbox"/> Individual	<input type="checkbox"/> Fitness	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Tour & ID Badges	I clearly understand the policies and procedures relating to these important aspects of my membership.
<input type="checkbox"/> Couple	<input type="checkbox"/> UNC	<input type="checkbox"/> Credit/Debit	<input type="checkbox"/> Equipment Orientation	
<input type="checkbox"/> Family	<input type="checkbox"/> Corp.	<input type="checkbox"/> Annual	<input type="checkbox"/> Health & Nutrition Evaluations	
<input type="checkbox"/> WC Emp	<input type="checkbox"/> Temp.	<input type="checkbox"/> One-Time	<input type="checkbox"/> Children's Memberships & Policies	
Emp. ID No. (Rex/UNC/UNCH/UNC PN)			<input type="checkbox"/> Freeze, Cancellation, Add, & Re-join Guidelines	Member Initials _____
Number: _____	Retiree: <input type="checkbox"/>		<input type="checkbox"/> Membership Handbook, Guest Passes	Membership Services _____
			<input type="checkbox"/> Dues and Billing Cycle	Representative _____

MEMBERSHIP AGREEMENT: I am applying for membership into the UNC Hospital's Wellness Center and agree to be bound by the rules and regulations applicable to my membership, as they are now written or may exist in the future. It is my understanding that a membership is month-to-month and that this agreement may be terminated by giving a thirty (30) day written notice to the Membership or Business Office and paying all charges that have been accrued or incurred. If written notice is not received, my membership will automatically be renewed on a month to month basis. I understand that I may freeze my membership for a minimum of one (1) month and a maximum of six (6) months per calendar year, with appropriate written advanced notice. The Wellness Centers may suspend or terminate my membership for non-payment of dues and/or violations of the Center's rules and regulations by myself, members of my family, or my guests. UNC Hospitals' Wellness Center offers different payment options. I understand the options offered and have indicated my choice of payment method on this agreement. Corporate and UNC Employee rates will be applied once employment or retiree status has been verified. UNC Hospital's Wellness Centers dues are subject to change at any time. Notice of any price increase will be made at least 30 days in advance. All members are required to present their own membership ID card in order to enter the facility. **Member Initials** _____

Applicant's Signature: _____ Date: _____

Accepted By: _____ Date: _____