



Date Purchase _____ Expiration Date _____ ACH _____ Ck _____

Membership Application:

- | | |
|--|--|
| <input type="radio"/> Monthly full time Student 20.00 | <input type="radio"/> Day Walk-in 7.00 |
| <input type="radio"/> Senior 65 Membership 20.00 | <input type="radio"/> Senior SS or SF Covered by Insurance |
| <input type="radio"/> In full year Adult No ACH 360.00 | <input type="radio"/> In full year family No ACH 480.00 |
| <input type="radio"/> Monthly Adult 40.00 | <input type="radio"/> Monthly Family ACH 50.00 |
| <input type="radio"/> Year Commitment | <input type="radio"/> Year Commitment |
| Monthly ACH Adult 30.00 | Monthly ACH Family 40.00 |

Name: (Last) _____ (First) _____
 Address: _____ City _____ State _____
 Home Phone: _____ Cell or Business Phone _____
 E-mail Address: _____ Emergency Contact # _____

Complete for Family Membership Only

Spouse: _____
 Children 1) _____ Age _____
 2) _____ Age _____
 3) _____ Age _____
 4) _____ Age _____

I have read the rules of the Fitness Center and agree to abide by all such rules. I also agree that all information completed above is true and correct.

Date _____ Signature _____

Phone # (507) 526-3376
Faribault County Fitness Center, P.O. Box 38, Blue Earth, MN 56013
E-mail Address fitness@bevcomm.net

MONTHLY REIMBURSEMENTS

- | | |
|---|---|
| <input type="radio"/> Blue Cross Blue Shield MN | <input type="radio"/> Silver Sneaker/Tivity |
| <input type="radio"/> Medica | <input type="radio"/> AARP |
| <input type="radio"/> UCare | <input type="radio"/> Avera |
| <input type="radio"/> Health Partners | <input type="radio"/> Active & Fit |
| <input type="radio"/> Silver&Fit | |

Membership Includes:

Tennis Court Racquetball Court Basketball Court Wallyball League
 Indoor Walking Air-Conditioned Building Weight Room with Cardio Equipment
 Men and Women's Locker Rooms with Showers

**Faribault County Fitness Center
Card Key Entry Policy**

Access to the Fitness Center is controlled by coded card key entry. Members shall use their Faribault County Fitness Center identification card to enter the facility. All members must complete this form to be eligible for access to the facility.

Card Key Entry Policies

1. Each card key issued is subject to an advance **non-refundable \$10.00** service activation charge.
 1. Each Member shall use their personal card key for entry to the facility. Sharing of key cards is strictly prohibited.
 2. Card key access will be de-activated if membership fees are delinquent over 10-days. In the event all fees are made current after deactivation, a new advance non-refundable service activation charge of \$10.00 shall apply.
 3. **\$25.00 card key replacement fee** shall apply if you should lose your key.
 4. To **CANCEL** your membership you must turn in your key by the **27th noon** to stop ACH for the new month.
 5. As long as you have a key you are considered a member and membership fee will be due.
- I have read the policies and agree to follow them accordingly or face immediate non-refundable termination of my membership.

Signature _____ Date _____

Print Name _____ Contact Day Phone _____

_____ For Office Use Only Under This Line _____

Initial Service Activation Date _____ Paid by: Check _____ Cash _____

De-Activation Date _____ Re-Activation Date _____

Paid by Check _____ Cash _____

Key # _____

Corporate Membership

4-9 Memberships	Save 10%
10-15 Memberships	Save 15%
16 or more	Save 20%

Corporate Memberships must be paid by the Business

