

## Member Enrollment/Appointment Policy

**1. For ALL Membership types.**

The prorated monthly fee is due upon completion of the Individual Orientation Session.  
Payment of the prorated fee will activate the membership.

2. All prospective members' application paperwork will be reviewed by Fitness Assessment Staff.  
If medically cleared, an Individual Orientation Session will be scheduled by the Fitness Assessment Staff.  
If the staff is not available, they will place a phone call to the new member to schedule the Individual Orientation Session in a timely fashion.

3. The Individual Orientation Session is an important process that not only provides important health and fitness information, but also orients the new member to Fitness Pointe®. A 24 hour cancellation notice is required to avoid being assessed a \$15 late cancellation fee.

a. Members are allowed one Fitness Assessment appointment cancellation (Individual Orientation Session, re-evaluation, programming, etc.) with less than 24 hours notice (of their scheduled appointment time). On the second and subsequent cancellation/no show, a \$15 cancellation fee will be charged to the Member's Account. The member agrees to have the \$15 fee charged with their month's membership dues (EFT/Auto. Credit Card Draft).

b. Tardiness in excess of 10 minutes past the scheduled Appointment starting time may result in less than a "full" profile being provided.

4. Money paid towards a membership (minus cancellation/no show fees incurred) may be refunded within 30 days if the new member chooses not to join. Member Relations must be notified in writing within this 30 day period.

**5. For Community Hospital employees using payroll deduction as a method of payment for monthly fees only:**

A credit card number is required in order to charge any no show/cancellation fees and any non-monthly membership fees which may be incurred during the term of your membership (payroll deduction is not available for these charges). Please enter number below, **ONLY** the above stated charges would be applied.

**Credit Card Number:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

By signing this document, I hereby have read, understand, and agree to abide by the policy stated above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME