



# Valley Baptist Health & Fitness Center

3001 N. Augusta National, Harlingen, Texas 78550 - (956) 421-4061

MEMBERSHIP AGREEMENT      Membership # \_\_\_\_\_

First Name: _____		Last Name: _____		Middle Initial: _____	
Address: _____					
Street Address		City		State      Zip Code	
Home Phone: _____		Work Phone: _____		Cell Phone: _____	
Email: _____		Gender: Male ____ Female ____		Date of Birth: _____	
Last four of SSN: _____					
Emergency Contact: _____					
Name			Phone #		
How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Home Mail <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Radio <input type="checkbox"/> Employer					
<input type="checkbox"/> Other _____					

- Membership Level    Retail - \$40       Valley Baptist Health Plan - \$20  
& Fees (Check one):  Valley Baptist - \$10       Members  
 Employee       Medicare Advantage Members  
 Partner (Outsourced Staff)       Senior's Choice - \$25  
 Medical Staff       Senior's over 65 - \$25  
 Medical Students       Retired Military - \$25  
 Volunteers       Students (HS, TSTC, non-healthcare) - \$25  
 Board Member       Law Enforcement - \$25  
 LVN School Students       Local  
 Other Medical Professional Student (affiliated w/VBHS)       State  
 Federal

Add-on dependent:    Yes    No

Circle one: (Qualifying dependents include: husband, wife, son, daughter, father, mother, brother, sister, grandfather, grandmother)

### TERMS AND CONDITIONS OF AGREEMENT

I understand that membership rates are subject to change via a posted notice in the Valley Baptist Health & Fitness Center. I agree to abide by the conditions noted on the reverse page. I also understand that this is a month-to-month membership agreement and if I want to cancel this membership that provisions for cancellation must be received by the 15<sup>th</sup> of the month.

\_\_\_\_\_  
Signature

ACH Auto Debit

Please deduct \_\_\_\_\_ every month from my bank account as noted below. I understand that my account will be debited this amount each month until I end my membership by providing written notice. Action will be taken within 2 weeks.

Bank name: \_\_\_\_\_  
Bank address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Bank Routing #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_  
Type of Account: Checking / Savings

\_\_\_\_\_  
Signature

Credit Auto Debit

Please charge \_\_\_\_\_ every month to my credit card as noted below. I understand that my account will be charged this amount each month until I end my membership by providing written notice. Action will be taken within 2 weeks.

Name on Card: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Card Type: Visa  
                MasterCard  
                Discover  
                American Express

\_\_\_\_\_  
Signature

The Valley Baptist Health & Fitness Center Health Spa Operator's Registration Number is 20060005

PURCHASER'S RIGHT UNDER TEXAS HEALTH SPA ACT: to the extent the club is considered a "health spa" under Texas Health Spa Act, as purchaser you have the following rights under the Act:

- 1) "NOTICE TO PURCHASER: DO NOT SIGN THIS CONTRACT UNTIL YOU READ IT OR IF IT CONTAINS BLANK SPACES."
- 2) "IF YOU DECIDE YOU DO NOT WISH TO REMAIN A MEMBER OF THIS HEALTH SPA, YOU MAY CANCEL THIS CONTRACT BY MAILING TO THE HEALTH SPA BY MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DAY YOU SIGN THIS CONTRACT A NOTICE STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE WRITTEN NOTICE MUST BE MAILED CERTIFIED MAIL TO THE FOLLOWING ADDRESS: VALLEY BAPTIST HEALTH & FITNESS CENTER, 3001 AUGUSTA NATIONAL, HARLINGEN, TEXAS 78550."
- 3) "IF THE HEALTH SPA GOES OUT OF BUSINESS AND DOES NOT PROVIDE FACILITIES WITHIN 10 MILES OF THE FACILITY IN WHICH YOU ARE ENROLLED OR IF THE HEALTH SPA MOVES MORE THAN 10 MILES FROM THE FACILITY IN WHICH YOU ARE ENROLLED, YOU MAY:
  - A. CANCEL THIS CONTRACT BY MAILING BY CERTIFIED MAIL A WRITTEN NOTICE STATING YOUR DESIRE TO CANCEL THIS CONTRACT, ACCOMPANIED BY PROOF OF PAYMENT ON THE CONTRACT TO THE HEALTH SPA AT THE FOLLOWING ADDRESS: VALLEY BAPTIST HEALTH & FITNESS CENTER, 3001 AUGUSTA NATIONAL, HARLINGEN, TEXAS 78550.
  - B. FILE A CLAIM FOR A REFUND OF YOUR UNUSED MEMBERSHIP FEES AGAINST THE BOND OR OTHER SECURITY POSTED BY THE HEALTH SPA WITH THE TEXAS SECRETARY OF STATE. TO MAKE A CLAIM AGAINST THE SECURITY SEND A COPY OF YOUR CONTRACT TOGETHER WITH PROOF OF PAYMENTS MADE ON THE CONTRACT TO THE TEXAS SECRETARY OF STATE. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS: OFFICE OF THE SECRETARY OF STATE, STATUTORY DOCUMENTS SECTION, PO BOX 12887, AUSTIN, TX 78711-2887."
- 4) "IF YOU DIE OR BECOME TOTALLY AND PERMANENTLY DISABLED AFTER THE DATE OF THIS CONTRACT TAKES EFFECT, YOU OR YOUR ESTATE MAY CANCEL THIS CONTRACT AND RECEIVE A PARTIAL REFUND OF YOUR UNUSED MEMBERSHIP FEE BY MAILING A NOTICE TO THE HEALTH SPA STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE HEALTH SPA MAY REQUIRE PROOF OF DISABILITY OR DEATH. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS: VALLEY BAPTIST HEALTH & FITNESS CENTER, 3001 AUGUSTA NATIONAL, HARLINGEN, TEXAS 78550."