

MYERS PARK
PRESBYTERIAN
CHURCH

• LIVING DISCIPLESHIP •

Wellness Membership Application

Thank you for your interest in the Myers Park Presbyterian Church Wellness Ministry. Bring your completed application, a government-issued photo identification card -- driver's license, passport, government ID or military ID -- to the Myers Park Presbyterian Church Outreach Center front desk. Anyone over the age of 16 must have this type of photo identification. You are required to present a government-issued photo ID in order to apply for membership, receive a replacement membership card or use the facility as a guest.

The Myers Park Presbyterian Church Wellness Center regularly compares its membership database to the National Sex Offenders Registry. It is our policy to terminate the membership of anyone registered as a sex offender.

The minimum membership is for 3 months. You cannot pay by cash or check monthly.

If you plan to establish a monthly draft, you also will need to bring a voided check from the account you wish to use for payment. Drafts are taken on the first of the month. We will pro-rate for the current month.

Refunds may be given if the request is received in writing no later than 7 days after the application has been turned in. A prorated refund may be issued at the discretion of the wellness ministry director based upon the specific circumstances of the request. A \$35 administrative fee will be deducted from all refunds.

The membership rates are as follows:

Myers Park Presbyterian Members

	Month	**Year
ADULT	\$25	\$270
STUDENT	\$15	\$162
SENIOR	\$15	\$162
FAMILY	\$53	\$573

Community Members*

	Month	**Year
ADULT	\$43	\$465
STUDENT	\$25	\$270
SENIOR	\$30	\$324
FAMILY	\$73	\$789

*not a Myers Park Presbyterian Church member
**10% discount for the year is reflected in the printed price



WELLNESS MINISTRY MEMBERSHIP

- TO QUALIFY FOR A FAMILY MEMBERSHIP, ALL INDIVIDUALS MUST RESIDE AT THE SAME ADDRESS AND PAY MONTHLY DUES FROM ONE BANK ACCOUNT.
- THE INDIVIDUAL COMPLETING THE FIRST SHEET OF THIS FORM IS RESPONSIBLE FOR PAYMENT UNLESS THEY ARE A MINOR.
- MYERS PARK PRESBYTERIAN CHURCH DOES NOT DISTRIBUTE DEMOGRAPHIC OR CONTACT INFORMATION.
- MEMBERSHIP CARDS ARE NON-TRANSFERABLE. IF CARDS ARE LOST, THERE IS A \$5 CHARGE FOR THE FIRST REPLACEMENT CARD AND A \$10 CHARGE FOR EACH SUBSEQUENT REPLACEMENT CARD.

Mr. Mrs. Miss Ms. Dr. Other _____ Male Female

First Middle Last Suffix Goes by

Birth Date Age Marital Status Preferred E-mail: Home Work

Home Address City State Zip

Home Phone Cell Phone

Emergency Contact Information

Name Relation Day Phone Evening Phone

How did you hear about the Myers Park Presbyterian Church Wellness Ministry?

I am a current Myers Park Presbyterian Church Member Internet Drive By/Walk By
 Employee Word of Mouth Neighbor

Would you be interested in learning more about the Myers Park Presbyterian Church community? Yes No

What are your most important reasons for visiting/joining the Myers Park Presbyterian Church Wellness Ministry?

What specific areas of the wellness ministry will assist you in meeting your goals?

Fitness/Wellness Christian Mission/Spiritual Growth Family Activities
 Group Exercise Personal Training Physician Referral
 Senior Programs Social Opportunities Sports
 Teen Activities Service Opportunities Weight Management
 Specific Health Concerns Children's Camps and Classes

Which statement best describes you?

Exercise regularly Considering starting exercise for the first time
 Have previously exercised and considered starting again Not currently interested in exercising

If you are applying for an **individual membership**, please proceed to **page 5**.

If you are applying for a **family membership**, please complete **all subsequent pages** with your family's information.



ADDITIONAL INFORMATION ON OTHER ADULTS

Spouse

Mr. Mrs. Ms.

Dr. Other _____

Male Female

First Middle Last Suffix Goes By

Birth Date Preferred E-mail: Home Work

Age Emergency Contact Phone Number

INFORMATION ON DEPENDENTS

Son Daughter

First Middle Last Suffix Goes By

Birth Date Age Emergency Contact Phone Number

Son Daughter

First Middle Last Suffix Goes By

Birth Date Age Emergency Contact Phone Number

Son Daughter

First Middle Last Suffix Goes By

Birth Date Age Emergency Contact Phone Number

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Son Daughter

First Middle Last Suffix Goes By

Birth Date Age Emergency Contact Phone Number

Son Daughter

First Middle Last Suffix Goes By

Birth Date Age Emergency Contact Phone Number

INFORMATION VERIFICATION AND AUTHORIZATION

In accordance with the character values of faith, honesty, respect, caring and responsibility, I/we verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/we further agree to adhere to the rules of Myers Park Presbyterian Church. If these rules are not followed, I/we agree that Myers Park Presbyterian Church reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility.

By submitting this application, I/we agree that Myers Park Presbyterian Church may photograph or videotape me/us, and Myers Park Presbyterian Church may use those photographs or video footage for its marketing purposes. I/we release Myers Park Presbyterian Church from any claim or liability related to that use; waive all claims for myself/ourselves, my/our heirs and assignees against the individual Myers Park Presbyterian Church and its staff.

I/we agree that Myers Park Presbyterian Church shall not be responsible for any personal injuries or losses sustained by me/us while on any Myers Park Presbyterian Church premises, or as a result of any Myers Park Presbyterian Church - sponsored event. I/we further agree to indemnify and hold harmless Myers Park Presbyterian Church from any claims or demands arising out of any such claims or losses.

Primary Customer Name _____ **Date** _____

Primary Customer Signature _____ (Parent signature needed for minor)

BANK DRAFT

I hereby authorize Myers Park Presbyterian Church to initiate debits from the BANK indicated on the attached check for the amount specified below. The authority is to remain in effect until Myers Park Presbyterian Church has received 30 days written notification from me of the termination of this agreement, or until the Myers Park Presbyterian Church or BANK has sent me 30 days written notice of the Myers Park Presbyterian Church's or BANK's termination of the agreement. Myers Park Presbyterian Church will send a 30-day notification of any change in the amount to be drafted. Should my membership draft not be honored by my BANK for any reason, I realize that I am still responsible for that payment and a second attempt to collect, including a Myers Park Presbyterian Church service charge, will be made prior to my next draft. This is in addition to any service fee my BANK may make. Drafts will be done on the first of the month. **We will pro-rate for the current month. Be sure to attach a voided check.**

Date to be drafted each month: 1st of each month Draft Authorization _____ (initials)

FOR OFFICE USE ONLY

Membership Type: _____ **Date Received:** __/__/____

Myers Park Presbyterian Church Members: Family Individual Student Senior

Community Members: Family Individual Student Senior

Myers Park Presbyterian Church Employee: Family Individual

Early Morning Basketball: Yearly Quarterly

of adults joining: _____ # of dependents joining: _____

Payment:

Bank Draft Amount per month: \$ _____

Check/Cash Payment Amount paid: \$ _____ Check #: _____ Membership Expiration Date: _____

Membership Renewal Dates: _____

Adult #1: Name: _____ Key Card #: _____

Adult #2: Name: _____ Key Card #: _____

Child #1: Name: _____ Key Card #: _____

Child #2: Name: _____ Key Card #: _____

Child #3: Name: _____ Key Card #: _____

Child #4: Name: _____ Key Card #: _____

Staff signature: _____ Voucher # _____