

NAC

Newtown Athletic Club

ROCK STARZ TEMPORARY MEMBERSHIP

120 Pheasant Run • Newtown, PA 18940

215.968.0600

Membership # _____

Last Name _____ First Name _____ D/O/B _____

Street _____ City _____ State _____ Zip _____

Home Phone # _____ Her Work Phone # _____ His Work Phone # _____

Email _____ Registration Date _____

List all immediate family members regardless of membership status.

Name(s) _____ Date of birth _____

Card Fee \$20.00 _____

Total Paid \$ _____

Cash / Check / Visa / MC

Membership Expires On _____

IMPORTANT INFORMATION, PLEASE READ & INITIAL

Summer and Temporary membership, enrollment fees and initial membership payments are non-refundable.

THERE ARE NO EXCEPTIONS TO THIS POLICY

Emp. Int. _____ Mbr. Int. _____

MEMBERSHIP AGREEMENT

I (We) have read and agree to the policies stated on this membership application. If this application is accepted, I as an individual, or my spouse and children is a couple or family membership, have the privilege to use and enjoy the facilities of the club in accordance with the rules and regulations now in effect or as they may hereafter be amended. I also agree to indemnify and hold harmless from liability the club, its officers, owners, directors, manager, employees, and lessons from any injury to my (our) body or property incurred while using any of the club's facilities. I fully understand that I am liable for my membership/initiation fee and monthly dues payment and therefore, if any payments are not paid when due, any remaining payments shall become immediately due and payable prior to initiating the cancellation of the membership. *See page 2. The Club reserves the right to cancel this membership at any time.

Signature _____ Signature Spouse _____ Date _____

Parent signature (if under 18 years of age parent/guardian signature must accompany signed membership application).

Employee _____