



Renewal Form

Please fill out the Member Information Box below.

I hereby give permission to Bay Tennis & Fitness, Inc. & CrossFit of Harbor Springs to use my image & photographic likeness in all forms & media for advertising, trad & any other lawful purposes. This includes any & all images, photographs, & videos taken of me, without further compensation to me. All film or digital files shall constitute the sole property of Bay Tennis & Fitness, Inc. & CrossFit of Harbor Springs

Name: _____

Address: _____

City: _____

Member Phone: _____

Email: _____

Please place a check in the box next to the type of Membership Plan you would like to continue with. Note: All memberships are consecutive from purchase date. Annual memberships begin on the first of the following month. Dues are prorated for the month in which the membership is purchased.

1 Month 2 Months 3 Months 4 Months 5 Months 6 Months 7 Months 8 Months 9 Months Annual (12 months)

Please check the Type of Membership you would like.

Fitness _____ Tennis _____ Combo _____

Would you like to add any associates to your membership? An Associate may be added at any time during the term of your membership. Associates may be a spouse, partner, or any family member living in your household or as a dependent. Associate rates are listed on the Membership Rates sheet.

Add associates

Full name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Locker rental

You may choose to rent an individual locker on a monthly or annual basis. Please place a check next to the locker type/plan you would like.

Please Check Below **Please Check Below**

____ Full Size Locker ____ \$12.00 Monthly ____ \$120.00 Annually

____ Half Size Locker ____ \$10.00 Monthly ____ \$90.00 Annually

Membership Payment – EFT – Electronic Funds Transfer- Please CIRCLE

Circle please.
 DEBIT or CREDIT

VISA MASTERCARD DISCOVER AMEX

Name on Card _____

Card Number _____

Expiration date _____ Security Code _____ Zip Code _____

Circle please.
 CHECKING or SAVINGS

Name on Account: _____

Bank Name _____

Account number _____

Routing number _____

Check please: _____ Monthly Payment Schedule

 _____ Pay in full –12 month memberships paid in full receive 5% discount.

I, _____, wish to renew my membership, with all and existing rules and guidelines in my previous agreement, with the changes noted above.

Member Signature _____ Date _____