



Optimum Fitness & Rehabilitation Center

Fitness Center
2718 Lee Blvd
Lehigh Acres, FL 33971
Ph (239) 303-1501
Fax (239) 303-9297

MEMBER INFORMATION

Member's Name _____ Date _____

Birthdate _____ Email _____

Address (City, State, Zip) _____

Home Telephone _____ Work Telephone _____

MEMBERSHIP AGREEMENT

Start Date _____ End Date _____ Initial Fee _____

In addition to initial membership fee, you are guaranteeing to pay monthly dues of \$_____ per month until written notice of cancellation by member.

YOU (THE BUYER) MAY CANCEL THIS AGREEMENT BY WRITING AND EITHER MAIL TO OR DROP OFF AT OPTIMUM FITNESS & REHABILITATION CENTER, 2718 LEE BLVD, LEHIGH ACRES, FL 33971. SUCH CANCELLATION MUST BE POSTMARKED BY THE AFOREMENTIONED TIME.

AUTOMATIC PAYMENT PLAN

I, _____, authorize my bank to make my payments by the method indicated below and post it to my account (must attach a voided check).

CHECKING

SAVINGS

If I decide to cancel my membership after my 12-month obligation, I will advise **Optimum Fitness & Rehabilitation Center** in writing 30 days prior to the billing date and surrender my membership card prior to the cessation of my payments. In the event I do NOT notify Optimum Fitness & Rehabilitation Center, Optimum Fitness & Rehabilitation Center will automatically renew my membership until I decide to discontinue. At which time, I will advise Optimum Fitness & Rehabilitation Center in writing and surrender my membership card a minimum of ten business days, exclusive of holidays and weekends, prior to my actual billing date.

I agree to allow Optimum Fitness & Rehabilitation Center to run my credit card every month:

Credit Card – Visa M/C Discover American Express

Credit Card # _____ Exp Date _____