



Governors' Water Park & Fitness Center

701-347-4524

Membership Application



Benefits for our Members

1. **No long-term contracts.**
2. **You may be eligible for a \$20 or \$40 discount off your monthly membership rate.**
 - a. **Insurance Discounts Program:** If you are eligible for the Health Club Credit through your health insurance company, when working out the required number of times per month, you may be eligible to receive \$20 per month off your monthly membership rate. You may do this for up to two eligible persons on a given membership.
2. **Fitness Center is open 24 hours 7 days a week (Pools hours are defined and subject to change)**
3. **Free Access to the following:**
 - A. **Fitness Rooms (Weights, Treadmills, Elliptical, etc.) and Shower Facilities.**
 - B. **Indoor pools and hot tub during open pool hours**
 - C. **Walking Track**
 - D. **Water Slides and other equipment: When open to the general public**

Payment methods:

- 1.) **Monthly dues paid via EFT (Electronic Funds Transfer):** First month membership dues upfront and subsequent monthly dues are automatically deducted from a checking account. 30-day written notice is required for changes to a membership. Upon cancellation, no partial month refunds given.
- 2.) **6 or 12 months paid in advance:** 6 months in advance receive a 5% discount. Amount paid is nonrefundable.
- 3.) **Month to Month:** No enrollment fee or 30 day notice required. Subject to higher membership fees and may not be eligible for health club reimbursement.

Personal Information

Print First and Last Names and Birth Dates for all individuals in the household to be included in membership:

Name: _____ M/F DOB: _____ Name: _____ M/F DOB: _____

Name: _____ M/F DOB: _____ Name: _____ M/F DOB: _____

Name: _____ M/F DOB: _____ Name: _____ M/F DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

Person Responsible for Membership Fees:

Name: _____

Address: _____

Yes, I would like to be notified by E-mail of Governors' Inn and Country Kitchen Specials & Promotions

Please select your Membership Type:

	<u>Member Monthly EFT Rates</u>	<u>Non-Member Fees</u>
<input type="checkbox"/> One Senior (Age 60 plus)	\$39.00	1.) \$8 each time for access to fitness/walking track
<input type="checkbox"/> One Person (Age 16 plus)	\$49.00	2.) \$8 each time for pool access Mon-Thursday
<input type="checkbox"/> Two Seniors * (Age 60 plus)	\$65.00	3.) \$10.00 each time for pool access
<input type="checkbox"/> Two Adults*	\$75.00	Friday thru Sunday
<input type="checkbox"/> One Adult with up to 4 dependents*	\$85.00	
<input type="checkbox"/> Two Adults with up to 4 dependents*	\$95.00	
\$25 Enrollment Fee		
\$10 Fee for every month membership is put on hold		

	<u>Month to Month Rates</u>
<input type="checkbox"/> One Senior (Age 60 plus)	\$49.00
<input type="checkbox"/> One Person (Age 16 plus)	\$59.00
<input type="checkbox"/> Two Seniors * (Age 60 plus)	\$75.00
<input type="checkbox"/> Two Adults*	\$85.00
<input type="checkbox"/> One Adult with up to 4 dependents*	\$95.00
<input type="checkbox"/> Two Adults with up to 4 dependents*	\$99.00

Note: 5% discount for active military – provide a copy of Military ID.

* People must be living in the same household. Adult is defined as age 18 or older. Dependents must be 22 years of age or younger and living at home. Each additional dependent above 4 will add \$10 to the monthly membership.

Automatic Payment Process

Attach a voided check

I hereby authorize Governors' Water Park & Fitness Center to automatically charge my checking account every month in the amount of \$_____ for my monthly membership.

Signature _____ Date: _____

Membership # (Assigned by office) _____ **Start Date:** _____

Comments (office use): _____

Note: All Monthly Rates, Benefits, and Rules are subject to change. Above rates effective 9/17/15.