



# Bay Badminton Center

## Membership Agreement Form

www.baybadminton.com

### ACTIVATION INFORMATION

Date	Account ID	Group ID	Activation Type <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/> Other: _____ <input type="checkbox"/> Add-On      Specify: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Couples <input type="checkbox"/> Family <input type="checkbox"/> Group
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### PERSONAL

### BILLING INFORMATION

### BUSINESS

Name (Please Print)			<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Partnership		
E-mail Address (Note: By providing your e-mail address you consent to receive Bay Badminton Center promotional opportunities.) Initials: _____			Bill to Company Name / Responsible Party (Please Print)		
Home Address			Contact Name (Authorized Business Contact)		
City	State	ZIP Code	Ship to Address / Shipping Charges \$ _____ (if applicable)		
Home Phone	Date of Birth		City	State	ZIP Code
Name of Contact (In case of emergency)			Business Phone	Years in Business	Federal Tax ID
Phone	Relationship		Bank Name		Bank Contact / Number
The Sales Representative acknowledges that he/she has verified the member's ID Sales Rep. Initials: _____			Commercial Account #		Years at Bank
<b>Couple/Family: Print Members Name</b> 1. _____ 2. _____ 3. _____ 4. _____					

### PAYMENT INFORMATION

Initiation Fee \$	Re-Activation Fee \$	Payment Type <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____	Contract Type <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One (1) Year <input type="checkbox"/> Two (2) Year <input type="checkbox"/> Other: _____	Billing Address (If different from above)	
<b>Paid By:</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order/P.O. #: _____ <input type="checkbox"/> Other		Payment Due \$			
Credit Card #	Exp. Date	Name as it appears on Credit Card		Credit Card/Check Approval #	

### FINANCIAL RESPONSIBILITY & MEMBER ACCEPTANCE

I am personally responsible for payments of all charges to this account (OR) I am signing on behalf of the Company listed above (hereinafter "the Company") as the responsible Party and I am duly authorized to commit the Company financially to the terms and conditions herein. If I am not authorized in any way or if the Company denies financial responsibility for the charges to this account, I will personally be responsible for payment of all

#### PLEASE COMPLETE THIS MEMBERSHIP AGREEMENT

\_\_\_\_\_ The undersigned (herein referred to as Member) hereby applies for membership in the BAY BADMINTON CENTER (hereinafter "BBC") and agrees to comply with the By-Laws, Rules, and Regulations of BBC.  
Initials: \_\_\_\_\_

\_\_\_\_\_ I have read, signed, and agree to comply with all terms stipulated in the liability release form.  
Initials: \_\_\_\_\_

\_\_\_\_\_ I hereby release the use of my name, address, email and telephone number for this membership directory.  
Initials: \_\_\_\_\_

I have read this agreement and have initialized each clause with full understanding: I will abide by the terms and conditions contained herein.

Member Signature	Date	Parent/Guardian Signature & Name	Date
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

**Waiver and Release of Liability on reverse must also be signed!**