

**Briggs Wellness Center**  
 399 Ninth St N., Naples, FL 34102  
 PH: (239) 624-2750 - Fax: (239) 624-2751  
 WellnessEnrollments@nchmd.org



**Whitaker Wellness Center**  
 2330 Immokalee Rd., Ste 1, Naples, FL 34110  
 PH: (239) 624-6870 Fax: (239) 624-6871  
 WellnessEnrollments@nchmd.org

## MEMBERSHIP APPLICATION

Main Member					
Name		DOB		Gender	M or F
Address		City & State		Zip	
Phone Number		Email:			
Corporate Discount? <b>If yes, Company Name:</b>					
Sub Members – If Applicable					
Name		DOB		Relation	M or F
Name		DOB		Relation	M or F

***I acknowledge and agree to the following terms and conditions outlined below:***

- **Automated Billing (Monthly):** Membership dues will be collected on the 1st day of each month by electronic debit from member's checking account or credit card. A charge of \$25.00 will be assessed on payments rejected by the bank. NCH Wellness Center reserves the right to cancel membership if payments are not made when due.
- **Annual Memberships:** Annual memberships are non-refundable and exempt from \$25 reactivation fee. Place account on hold and bank your remaining time. Hold requirement minimum of 4 weeks and a maximum of 12 months. Account must be activated within 12 months or lose remaining time. Upon reactivation, time remaining will be added to reactivation date. Annual memberships will terminate upon expiration unless renewed by the member.
- **Membership Hold:** Member may place membership on "hold" for a minimum of 4 weeks and a maximum of 12 months per hold. Member must fill out a "Hold Form" for the hold to be guaranteed and must furnish proof of such form if a discrepancy occurs. Holds must be done in writing and will not be taken over the phone. **Phone messages will not be accepted as proof of hold.** Account balance must be paid in full before putting account on hold. Monthly dues will be suspended during the time of the hold. Forms must be received by the 25<sup>th</sup> day of the month preceding the requested hold start date. Monthly members may not place membership on hold prior to one full month's billing cycle following a new join or reactivation. **Memberships are continuous and remain in effect, regardless of attendance, until written notice or "Hold Form" is filled out and turned in by the member.** NO refunds for hold notices received after a monthly draft has been processed. **Hold status CAN NOT be backdated. Members are aware of and agree to NCH Wellness Hold Policy outlined in this application.**
- **Membership Reactivation:** Members may "reactivate" membership from a "hold status" by filling out the "Reactivation Form" in person at the center. A \$25.00 reactivation fee must be paid by monthly billed members at the time of reactivation as well as dues (or portion thereof) required until next scheduled draft date. Replacement scan cards are \$10.00.
- **Liability:** Members agree that the use of facility will be at member's risk. Member waives any claim for injury to member and/or guest(s) for damage, loss or theft of member's property arising out of or in connection with the use of the facility.
- **Etiquette:** Members / Guest privileges may be suspended for breach of rules, regulations, policies, undesirable behavior, or violation of any of the terms and conditions in this agreement or handbook online. Handbook may be found on our website: [www.nchmd.org/wellness](http://www.nchmd.org/wellness).
- **Age Restrictions:** Children 12 through 15 years of age must always be accompanied by a parent or guardian, in all locations, of the Wellness Centers including the locker rooms.
- **Modifications:** We reserve the right to be closed for up to 12 days a year to observe legal holidays and for maintenance and repair of our facilities. We may be closed additional days due to severe weather or national/global emergencies. There will be no adjustment in membership dues for these closures. NCH Wellness Center reserves the right to change facilities, fees, rates, hours, schedules, instructors, rules & policies.

**By signing this form, member(s) understands and agrees to all terms and conditions outlined above.**

<b>Signature (Primary Member)</b>		<b>Date</b>		
Staff Use Below Only:				
<b>User Group:</b> (SelfPay / CompanyPay)	<b>Monthly Billing = \$</b> Prorated= \$	<b>Annual Price = \$</b> Expiration =	<b>Scan Tag:</b> _____ Scan Tag: _____ Scan Tag: _____ <b>Replacement: \$</b> _____	<b>Locker #:</b> (\$10 Monthly / \$120 (if after 25 <sup>th</sup> no monthly \$) (Annual) If annual Expiration =
<b>Notes:</b>				<b>Staff Initials</b> _____
<b>Referral Source:</b>				