



SIZE WIZE
MEMBERSHIP AGREEMENT

____/____/____
DATE

MALE OR FEMALE DRIVER LICENSE #

LAST NAME FIRST NAME HOME# CELL#

ADDRESS APT# CITY STATE ZIP D.O.B.

SOCIAL SECURITY # EMPLOYER EMAIL

EMERGENCY CONTACT PHONE#

PRIMARY INSURANCE ID#

AMOUNT COLLECTED AND PAID IN FULL:

ENROLLMENT FEES MONTHLY DUES MEMBERSHIP TYPE RENEWAL

Gym dues in the amount of \$ _____ will commence on _____ for a period of _____ months. Regular Payments will be made by automatic debit from checking account, credit card or debit card. Membership will expire on _____.

ELECTRONIC FUNDS TRANSFER AGREEMENT

I hereby authorize payment to Wellspring Family Medicine by the method indicated below, and post it to my account.

Checking Account Information:

CHECKING ACCOUNT (ATTACH VOIDED CHECK) BANK NAME

BANK TRANSIT # ACCOUNT#

CREDIT CARD INFORMATION:

AMEX MC VISA DISC _____
ACCOUNT # EXP. DATE

PARTICIPANT TERM: I understand and agree that I am obligated to pay the monthly fees commencing with the first payment due in this agreement. If this membership is paid-in-full at the time of joining, it will expire on the term above. I, the buyer, understand that WRITTEN notice of cancellation must be given **15 days** prior to billing date as outlined under CANCELLATIONS in the body of this agreement. **By signing this agreement I authorize Wellspring Family Medicine to deduct the balance owing on this membership collective of monthly authorized fees automatically from my bank account or credit card on the due dates.**

MEMBER SIGNATURE

DATE

NOTICE REQUIRED BY LAW:

Any holder of this consumer credit Agreement is subject to all claims and defenses, which the Debtor could assert against the seller of goods and services, obtained pursuant hereto or with the proceeds hereof, Recovery here under by the debtor shall not exceed amounts paid by the debtor hereunder. Do not sign this membership Agreement before you have read both sides, because terms on each side are a part of the Agreement. The Member is entitled to a completely filled in copy of the Agreement. The Member acknowledges that they have been told: (A) that this document is in Agreement and will become legally binding upon its acceptance by Wellspring Family Medicine (B) The terms and condition of the Agreement, (C) that the Member assumes any and all risk involved by participation in the program (D) There are no warranties either expressed or implied which extend beyond the Agreement. This Agreement constitutes the entire agreement between the parties, there are no collateral agreements, representations or guarantees, oral or other wise, unless attached hereto.

The undersigned member has read, understands, and agrees to be bound by the attached Rules and Regulations as a part of this Agreement. Wellspring Family Medicine may change the Rules and Regulations from time to time, at its sole direction. If any part of the Agreement is held invalid or unenforceable, the remainder of this Agreement shall remain in full force or effect.

You, the member, may cancel this Agreement at any time prior to midnight of the third business day, after the date of the Agreement excluding Sundays and holidays. To cancel this Agreement mail or hand delivers a signed and dated notice that states you, the member, are canceling this Agreement or words of similar effect. Such notice shall be sent to Wellspring Family Medicine; 110 Atrium Way, Columbia, SC 29223. Wellspring Family Medicine reserves the right to change monthly dues at their discretion.

MEMBER SIGNATURE

DATE

WELLSPRING FM STAFF SIGNATURE

DATE