



SPARTA ATHLETIC CLUB

115 Sparta Avenue, Sparta NJ 07871 - 973-729-9141 – Fax: 973-729-7946
www.SpartaAthleticClub.com / Email: Fitness@SpartaAthleticClub.com

Memb #
Date
Exp. Date

Membership Agreement

First: _____ MI: _____ Last Name: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____ Birth Date: _____ Male: _____ Female: _____
 Place of Employment: _____ Work Phone: _____

Where did you hear about Sparta Athletic Club?		
<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Television	<input type="checkbox"/> Outdoor Advertisement
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Member Referral	<input type="checkbox"/> Medical Facility
<input type="checkbox"/> Other: _____		

Unlimited Fitness _____ Matinee Membership _____

Individual _____ Additional Member _____ Family (3 or more) _____ Student _____

*** I fully understand this entire agreement and the payment obligation.**

\$ _____	Enrollment Fee
\$ _____	Current Month Prorated Dues
\$ _____	Prepaid Annual Dues
\$ _____	Additional Member (With Current 1 st Member)
\$ _____	_____
\$ _____	() 10 Visit Flex Membership (Non-member)
\$ _____	Total Paid Today

Initial Payment Method Cash _____ Check _____ Credit Card _____ Other _____

Monthly Payment Method Electronic Funds Transfer: Credit or Debit Card _____ Voided Check _____

I agree to pay Sparta Athletic Club _____ monthly payments of \$_____ per month which includes my regular membership dues and my balance from above. Payment will begin ___/___/___ and continue on the first day or each month thereafter until all the balance has been paid. I understand the minimum initial term of this Agreement is _____ months and after the initial term, the applicant will continue to be a member in good standing a month-to-month basis, unless a 30 days notification is made in writing, as membership dues are non-refundable. Termination is subject to re-enrollment. I understand that I may cancel this Agreement within three (3) business days after receipt of a Copy of this Agreement, by notice in writing delivered to, or sent by certified or registered mail postmarked no later than midnight of the third day after the date of Application. If I properly cancel, with such short notice, I understand that Sparta Athletic Club will refund any payment made under this Agreement. I have read and accept all the terms and conditions set forth in this membership agreement.

Signature _____ Date _____ Membership Rep _____
(Member under 18 years) Parent / Guardian _____ Date _____

Electronic Transfer / House Charges

Bank Name _____ Branch _____
City _____ State _____ Zip _____
Transit / ABA# _____ Account # _____ CC # _____

I hereby authorize Sparta Athletic Club to effect payment for monthly dues by debiting my bank account or by debiting my credit card account, if payment is not received by the last business day of the current month. I understand this authorization will remain in full effect until Sparta Athletic Club has received written notice from me by certified mail, return receipt requested, thirty (30) days in advance of the termination of this payment plan. I understand I am in full control of my payment, and if at any time I decide to discontinue after the minimum term, I will call or write Sparta Athletic Club to request a cancellation form.

Signature _____ Date _____