



RXD FITNESS, LLC 14136 Firestone Blvd., Santa Fe Springs, CA 90670 (213) 293-9348

## MEMBERSHIP APPLICATION FORM

### Member Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/I \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ DOB \_\_\_\_\_ Referred By \_\_\_\_\_

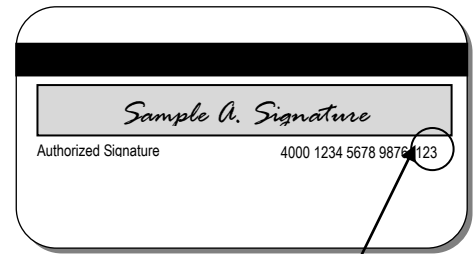
### Membership Fee:

Membership fee is due and paid in full on the first of each month. The member's debit/credit card will be charged for the amount of the contract agreement noted below on the first of each month. For the month of enrollment, membership fee will be prorated accordingly to the number of days left of that month. Membership includes unlimited use of facility during business hours and unlimited scheduled workouts. **CANCELLATION:** Notice of cancellation must be made one month prior to the end of contract schedule. If notice of cancellation is not made, contract will be renewed with the same contract term listed below.

**There will be a \$25 fee for a declined credit card transaction.**

Contract Type: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

- \$20.00 single walk-in workout
- \$75.00 one-time fee = Foundation Class Fee **WAIVED**
- \$139.00 = month-to-month membership contract to begin \_\_\_\_\_
- \$119.00 per month = 3-month membership contract to begin \_\_\_\_\_  
 Current month prorate amount \_\_\_\_\_ date \_\_\_\_\_



Debit/Credit Card Type: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_  
 Debit/Credit Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ **CVC** \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Debit/Credit Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Member Authorization:** I wish to authorize the purchase of services (membership) from RXD Fitness, LLC, DBA CrossFit LIVE. I agree that I will pay for this purchase (membership) and indemnify and hold RXD Fitness, LLC, DBA CrossFit LIVE, harmless against any liability pursuant to this authorization. By signing this Agreement, I acknowledge that I have read, understood, and agree with all terms and conditions of this agreement. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid from date noted above until the life of my membership.

**Special through end of 2011:  
 WAIVED Foundation Class Fee (\$75 value)**