

**Please select your membership type:**

- Individual Flex Membership (\$35)
- Family Flex Membership (\$45)
- Open Play Family Membership (\$100)
- Open Play Individual Membership (\$65)
- All Access Individual Membership (\$129)
- All Access Family Membership (\$200)

**Membership Agreement Acknowledgment**

I agree to the terms of the selected membership and understand it requires a 2-month minimum commitment and a 30-day notice to cancel.

I acknowledge that:

- I must submit a Member Cancellation Form via the website in order to cancel.
- I will be billed a prorated amount today, and the full membership price on the 1st of each month thereafter.
- Cancellation notices may only be submitted on the 1st of the first full month of membership.
- If I do not provide a 30-day notice, I will be responsible for one additional month of billing beyond my cancellation date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us via the membership cancellation portal on our website. This authorization will remain in effect until cancelled.

**Credit Card Information**

Card Type:  MasterCard  VISA  Discover  AMEX  
 Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_