



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

**MEMBERSHIP FORM**

\_\_\_ Mr. \_\_\_ Miss \_\_\_ Ms. \_\_\_ Mrs.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

*Please select your membership option:*

\_\_\_ **Individual Membership \$34/Month**

\_\_\_ **Individual Enhanced \$54/Month**

\_\_\_ **Couple Membership \$71/Month**

Name of additional member: \_\_\_\_\_

▪ This may include any two family members who reside together

**Monthly Automatic Credit Card Charge**

Circle One: Amex MasterCard Visa Discover

Name as it appears on the card \_\_\_\_\_

Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_ I authorize Elements to charge my credit card \$\_\_\_\_\_ per month until I request cancellation of my Elements membership.

I understand that this membership is not refundable or transferable.

I understand that after I have completed the term of this membership, as set forth previously, **my membership will automatically renew/roll-over unless I provide written notice of cancellation at least 30 days prior to the date I am requesting cancellation to begin.**

Freezing Policy

- I understand that I have the option to freeze my membership for a MAXIMUM OF THREE MONTHS throughout the calendar year
- I must provide written notice at least 30 days prior to the date I am requesting freeze to begin.
- I must indicate a freeze begin date and a freeze end date and my membership cannot be frozen indefinitely.
- I must choose freeze dates that are in the increment of full months, not partial months. (Correct example: June 1<sup>st</sup>-July 1<sup>st</sup>, Incorrect example: June 15<sup>th</sup>-July 15<sup>th</sup>)
- I understand that my membership cannot be frozen for more than 3 months within the calendar year.

**The above mentioned written notice consists of a cancellation and/or freeze form that can be picked up at either Elements location.**

**The form(s) applicable to your request(s) must be turned in 30 days prior to the begin date of the requested change in your membership.**

Signature \_\_\_\_\_

Date\_\_\_\_\_

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I have reviewed the cancellation and freeze policy with this Elements member.

Staff member initials: \_\_\_\_\_

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[www.elementswellness.org](http://www.elementswellness.org)

**THE BEVER** | 820-5047 | 855 Stahlheber Road | Hamilton, Ohio 45013

**THE SQUARE** | 896-8087 | 100 Berkeley Drive | Hamilton, Ohio 45013

