



*Wolf Wellness Center
and 24/7 Fitness*
479-363-6422

Name: _____ Date: _____

Date Of Birth: _____ Phone: _____

Email: _____

Mailing Address: _____

Please Circle what package you are signing up for: Standard Single Standard Couple Senior Single Senior Couple

Veteran rate Week Pass Deluxe Package Fitness+ Sauna Fitness+ Classes

Payment options:

€ 3 months up-front **one month at a time (\$10 fee)**

€ Auto Draft

By selecting monthly auto draft, you agree to a monthly withdraw on the first of every month until you notify the facility that you do not want to continue your membership. We do not reimburse membership purchases.

Automatic withdraw on the 1st of each month via the card listed below:

Last four digits of Card # _____ Exp date _____

Name how it appears on card: _____ Billing Zip Code: _____

PIN# _____ (5 digits you will remember easily)

My Signature here confirms that I have read and understand the Full Services Waiver. I have received my copy of the Membership Agreement page and have read over it completely. I understand that I am under constant surveillance in Fitness Center and that that I work out under my own direction and understand my own physical limits. In the event of an emergency I know to call 911. I will always be mindful of sanitation and will wipe down machines after each use.

Member Signature: _____

Wolf Wellness and Fitness Staff Initials: _____

Membership Expires on: _____