

Membership Number: \_\_\_\_\_

Type: \_\_\_\_\_

Consultant: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

I acknowledge that I have received and will comply with the rules and regulations of TSI. ***I understand that, subject to the cancellation rights described below, my membership is for at least 12 months, after which my membership will continue until I cancel it by (1) GIVING TSI 30 DAYS WRITTEN NOTICE BY CERTIFIED OR REGISTERED MAIL plus (2) TURNING IN MY MEMBERSHIP CARD and (3) GIVING FULL PAYMENT OF ANY UNPAID DUES OR INDEBTEDNESS.***

I also understand that my membership is transferable.

Subject to the following cancellation rights provided under Article 30 of the New York General Business Law, this application shall become a binding agreement when signed by me and accepted by TSI.

**CONSUMER'S RIGHT TO CANCELLATION: YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) DAYS FROM THIS DATE by written notification to: Town Sports International, 30 Cliff Street, New York, NY 10038 by certified or registered mail.**

**ADDITIONAL RIGHTS TO CANCELLATION: You may also cancel this contract by providing reasonable proof of any of the following reasons:**

- If upon a doctor's written order, you cannot physically participate in services offered by the facility because of significant physical disability for a period of six (6) months. Doctor's letter required.
- If you die, your estate shall be relieved of any further obligations for payment under this contract not then due and owing.
- If you move your residence more than twenty-five (25) miles from any health club operated by TSI. Proof of move required.
- If the services cease to be offered as stated in this contract.

To cover TSI's expenses incurred in administering the contract and its cancellation, there shall be a fee of \$50 assessed to any member who cancels his or her membership, for any of the above four (4) reasons, before the end of the first membership term.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Monthly Billing of Dues**

Initiation Fee: \$ \_\_\_\_\_ Initial Payment (include prorated): \$ \_\_\_\_\_ Period covered: \_\_\_\_\_ to \_\_\_\_\_

Processing Fee: \$ \_\_\_\_\_ Total Amount Paid: \$ \_\_\_\_\_ By: \_\_\_\_\_ Monthly EFT Charge: \$ \_\_\_\_\_

First EFT will be on or about: \_\_\_\_\_ TSI may adjust monthly dues once each calendar year during the term hereof, by no more than \$3/month, by giving members thirty(30) days prior notice, posted in the clubs and/or sent by mail.

**Billing Authorization:**

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Type: \_\_\_\_\_

Name On Account (Please Print): \_\_\_\_\_

I request that my applicable club fees be deducted from the above account for NEW YORK SPORTS CLUB by using Electronic Funds Transfer. This authorization for automatic debit remains in effect until I cancel or transfer my membership in writing and return my membership card in conformance with the rules and regulations.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTICE FOR HEALTH CLUB MEMBERS:**

New York State law requires certain health clubs to have a bond or other forms of financial security to protect members in the event that the club closes.

**This club has posted the financial security required by law.**

**YOU MAY ASK A REPRESENTATIVE OF THE CLUB FOR PROOF OF THE CLUB'S COMPLIANCE WITH THIS LAW. YOU MAY ALSO OBTAIN THIS INFORMATION FROM THE NEW YORK STATE DEPARTMENT OF STATE, DIVISION OF LICENSING SERVICES, 162 WASHINGTON AVENUE, ALBANY, N.Y. 12231.**

**DO YOU NOW HAVE OR HAVE YOU EVER BEEN DIAGNOSED TO HAVE: HEART DISEASE, HEART ATTACK, CARDIAC SURGERY, STROKE, PACEMAKER, ANEURYSM, OR ANGINA PECTORIS?** YES (initial) \_\_\_\_\_ NO (initial) \_\_\_\_\_

(If yes, your membership will be on hold until you obtain medical clearance.)