

# CITY CLUB

## FORT WORTH

301 Commerce Street ♦ Fort Worth, TX 76102  
817.878.4088 ♦ 817.878.4034 FAX

### MEMBERSHIP ENROLLMENT FORM

#### CANDIDATE INFORMATION

(circle one) Mr. Mrs. Ms. Dr.

Primary Candidate \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Jr. Sr. Other \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Home Email \_\_\_\_\_  
Marital Status (circle one) Single Married Wedding Anniversary Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Title \_\_\_\_\_ Length of Employment (years) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_  
Please send emails to this address: \_\_\_\_\_  
Please send billing statements and other written correspondence to my (circle one): home address business address

#### SPOUSE INFORMATION (If part of Membership)

(circle one) Mr. Mrs. Ms. Dr.

Spousal Candidate \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Jr. Sr. Other \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mobile \_\_\_\_\_ Home Email Address \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Title \_\_\_\_\_ Length of Employment (years) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_  
Please send emails to this address: \_\_\_\_\_  
Please send billing statements and other written correspondence to my (circle one): home address business address

#### DEPENDENTS (if part of Membership) are unmarried children under 21 residing with Candidate(s).

Name(s)	Date of Birth			Charge Privileges	
		Son	Daughter	Yes	No
_____	____/____/____	Son	Daughter	Yes	No
_____	____/____/____	Son	Daughter	Yes	No
_____	____/____/____	Son	Daughter	Yes	No

**MEMBERSHIP INFORMATION**

I am applying for Membership in the following category:

- Full Individual       Full Couple       Full Junior Individual       Full Junior Couple
- Social Individual       Social Couple       Social Junior Individual       Social Junior Couple
- Non-Resident Individual       Non-Resident Couple
- The membership is held by me personally       The membership will be held by my firm, of which I'm a designee.

I understand that no portion of the Initiation Fee is refundable and that this is a nontransferable membership.

**CORPORATE MEMBERSHIP**

As a corporately-held membership, I certify and agree that the business named is owner of the membership. Corporate memberships are held by a corporation or firm (which is considered to be the Applicant for all purposes). A designee is named by the corporation as the person entitled to use the membership (the Corporate Designee). While a corporation may hold several memberships, there shall be only one (1) Corporate Designee for each corporate membership. The Corporate Designee may be changed by the corporation from time to time, subject to the approval of City Club and payment of the re-assignment fee (as of the date of change). The membership card will be issued in the name of the approved Corporate Designee.

As a duly authorized officer for the corporation named, the undersigned officer certifies and agrees that said corporation is jointly responsible with the Corporate Designee for all fees and charges incurred by its Corporate Designee and guests.

Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Corporate Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

If application is for a change of the Corporate Designee, please complete the following:

Previous Corporate Designee \_\_\_\_\_

Membership Number \_\_\_\_\_ Reassignment Fee \$ \_\_\_\_\_

PLEASE AUTOMATICALLY CHARGE MY CREDIT CARD BELOW FOR MONTHLY STATEMENT BALANCES  YES  NO

**PAYMENT INFORMATION AND GUARANTEE OF PAYMENT**

Major Credit Card:

Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

All dues and charges billed to Member shall be due and payable promptly upon receipt of a monthly statement.

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

Applicant/Member

In the event Member's account remains unpaid for 30 days after the billing date, the Club shall have the right at any time thereafter to charge the credit card listed above without any further authorization or signature of Member. Member understands that it is the Member's responsibility to keep a valid authorized credit card number on file with the Club at all times and to inform the Club of a change in the particular credit card to be charged. Upon termination of or expulsion of membership, Member authorizes the Club to charge the credit card listed above for the outstanding balance on Member's account, without any further authorization or signature of Member.

**MEMBERSHIP POLICIES**

If accepted into membership, I agree to conform to and be bound by the enrollment terms contained herein, the Rules and Regulations and written membership policies of the Club as they may be amended from time to time. I further understand that agreeing to be bound by the membership policies is a part of my agreement for membership privileges with the Club. I specifically understand this membership is not divisible.

It is agreed that resignation from the Club may be initiated by giving a minimum thirty (30) days advance written notice to the Club and by paying dues and all other charges for which I may be liable and I shall not thereafter be subject to any further dues or other charges. I understand and accept that I will be billed for an additional month's dues and fees if my notice is received after the first of the month. If I wish to make any other changes to my membership status, I understand that a 30 day written notice is required.

I understand that there is a \$15 monthly minimum spending requirement for evening dining in the Club, and that the Club may amend this amount from time to time.

I understand that I am financially responsible for all charges and for those of my family and all guests of my family. The privilege to charge food and beverage, equipment and other items may be limited, suspended or revoked individually at any time at the discretion of the Club Management. I understand that if my membership is suspended, monthly dues and other monthly fees will continue to be billed to my account each month even though I am not allowed to utilize the Club facilities while suspended and not a member in good standing. I also understand that I will receive a monthly statement and I agree to pay all dues and other charges within 30 days from the statement date.

By providing the address(es) (including email), phone number(s), and fax number(s), I hereby give the Club my express written permission to contact me at each number or address to keep me informed about Club events, services and offerings. I hereby give the Club my express written permission to allow the Club to use photographs of me and my family in the Club newsletter unless I provide written revocation of this permission regarding photographs.

If my Spouse signs below, I hereby certify that we hold a marriage license, or a certificate of domestic partnership or civil union recognized by the State of Texas, which evidences our existing spousal relationship. If we do not hold one of the above, we acknowledge that the Club requires execution of a separate Spousal Relationship Statement.

**NO ASSUMPTIONS OF LIABILITY OR OWNERSHIP**

It is understood that, subject to the By-Laws, Rules and Regulations of City Club, that City Club shall have the exclusive right to determine the dues which will be charged to all members of City Club. Membership in City Club does not confer upon me any ownership in or liability in connection with this membership other than the payment of the sum set forth above., the applicable membership dues (as established from time to time) and charges incurred by me, my family and guests in use of the facilities of City Club.

I HEREBY FULLY RELEASE AND DISCHARGE THE CLUB, ITS EMPLOYEES, AGENTS, SHAREHOLDERS, AFFILIATES AND ASSIGNS FROM ANY LIABILITY, INJURY, LOSS, DAMAGE OR CLAIM ARISING FROM MY/OUR USE, OR OUR GUESTS' USE OF THE CLUB FACILITIES.

I agree to all of the terms and conditions of my membership as described above and understand that they may not be added to, amended, or contradicted in any way by evidence of prior, contemporaneous, or subsequent oral agreements of any kind and acknowledge there are no unwritten oral agreements of any kind.

Membership Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FULL MEMBERS: PLEASE PROCEED TO PAGE 4 FOR PERSONAL TRAINING PROFILE.**

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*For Club Use Only* Accepted On: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_

Member Number \_\_\_\_\_ Initiation Fee: \$ \_\_\_\_\_ Initiation Fee Paid By: \_\_\_\_\_

# CITY CLUB

F O R T W O R T H

downtown's business, fitness & social club

## PERSONAL TRAINING

NEW MEMBER PROFILE for FULL MEMBERSHIP

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### *Section I to be completed by Membership Director*

Member Name	Membership Number	Male / Female (circle one)
Email	Home Phone	Office Phone
Birthdate	Profession	

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### *Section II - IV to be completed by New Member*

Please describe your current activity level over the past SIX months: (check one)

- Active 1-2 times per week     3-4 times per week     Sedentary     Weekend/Vacation exerciser

Briefly describe your current workout:

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Height	Weight
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Have you ever worked with a Personal Trainer? (Circle one)                      YES                      NO

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### Section III

When do you prefer to meet with a trainer? (Circle all that apply)

Morning	Afternoon	Evening
5:00am - 6:00am	12:00pm - 1:00pm	5:00pm - 6:00pm
6:00am - 7:00am	1:00pm - 2:00pm	6:00pm - 7:00pm
7:00am - 8:00am	2:00pm - 3:00pm	7:00pm - 8:00pm
8:00am - 9:00am	3:00pm - 4:00pm	Other?
9:00am - 10:00am / 10:00am-11:00am	4:00pm - 5:00pm	

Day(s) of the Week? (circle one)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

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### Section IV

What are your Health and Fitness goals? (Check all that apply)

- Improve/ Maintain Overall Health & Fitness     Weight Loss     Improve/ Strengthen Muscle Tone  
 Cardiovascular Endurance     Improve Sports Performance     Injury Prevention/ Rehabilitation

How much time every week are you willing to invest in achieving your fitness goals? (circle one)

1x/ week      2x/ week      3x/ week      4x/ week      5x/ week      More

I/A