



Adult Community Center

MEMBERSHIP AGREEMENT

Name: _____ DOB: _____

Name of 2nd Household Member: _____ DOB: _____

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Emergency Contact Person: _____ Phone: _____

Please check how you'd like to receive our quarterly newsletter: Email Mail I don't want one

Membership Type:	Monthly rate by automatic check withdrawal:	Additional monthly amount for 2nd household member:	12 months Individual/ 2 members
<input type="radio"/> Supporting	\$6.00	\$6.00	\$72.00/\$144.00
<input type="radio"/> Basic Fitness	\$28.00	\$17.00	\$336.00/\$540.00
<input type="radio"/> Premium	\$38.00 age 62+	\$22.00	\$456.00/\$720.00
	\$48.00 ages 25-61	\$28.00	\$576.00/\$912.00

Veteran Status (check all that apply) Veteran Spouse of a Veteran Widow/er of Veteran

Note: Financial assistance is available on a sliding fee scale for people age 65+ with a demonstrated need as determined by our guidelines. Please call the VINE Business Office at 507-387-1666 for further information.

VINE participates in health incentive programs. The Walking Track and Basic Fitness membership qualifies for the Silver & Fit® and Silver Sneakers fitness program. If applicable, Wellness Participation Incentives earned from your health insurance provider will be reimbursed to you DIRECTLY FROM your insurance company. IT IS IMPORTANT THAT YOU KNOW WHAT YOUR INCENTIVE PLAN REQUIRES. IF YOU DO NOT MEET THE INCENTIVE IN ANY GIVEN MONTH, YOU WILL NOT RECEIVE YOUR REIMBURSEMENT. Please make sure that you "sign-in" each time you participate in a fitness activity in order to receive your reimbursement. The VINE Adult Community Center is not responsible for missed incentive credits or if there is a change in the requirements for reimbursement by your insurance company.

VINE Faith in Action:

- reserves the right to determine the amount and terms of payment of Membership Dues
- will not change the terms of use or the membership rates without giving at least thirty (30) days advanced notice to the Member
- will apply membership rate changes (if any) in July
- reserves the right to cancel this Membership Agreement for Member or 2nd Household Member. Cancellation may occur after a verbal warning. Examples include, but are not limited to, failure to observe facility policies, or behaviors that are contrary to the best interest of other Members or the VACC.

_____ I/We understand that membership fees will be assessed regardless of whether I/we use the facility.

_____ I/We understand that my/our membership will remain in effect until I/we initiate its termination/suspension by submitting a cancellation form 30 days prior to my/our next scheduled payment and return of my/our membership card(s) and fob(s). Memberships cannot be cancelled by phone or verbal conversation. Terminated/suspended memberships may be reactivated upon written request and will be assessed a \$25 re-enrollment fee per account.

_____ If I/We am/are 62 or older, I/We agree to complete a Live Well at Home questionnaire within the first 10 days of membership.

I/We wish to enter into this agreement with VINE Faith in Action to obtain a VINE Adult Community Center membership. I/We understand that this membership will not be effective until this Membership Agreement has been executed and all of its terms have been complied with. Any aspect of this membership may be amended and the rights in and to this membership may be assigned by VINE Faith in Action without notice.

I/We agree to accept these terms and conditions and I/we have received a copy of my/our Membership Agreement.

Print Name of Member	Signature	Date
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Print Name of 2nd Household Member	Signature	Date
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VINE Faith in Action Automatic Withdrawal Authorization

I authorize VINE Faith in Action and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Financial Institution: _____ Branch: _____

City, State Zip: _____

Account Number: _____ Routing Number: _____

Checking (please attach a voided check)

Savings (please attach a voided saving deposit slip)

Each draft will be drawn on or after the 1st of each month. A \$20 service fee will be charged for insufficient funds. This agreement will remain in effect until written notification is given to terminate or suspend as described above.

Account holder signature	Date
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