

# Bluestem Wellness Centers Membership Application Agreement



Primary Location

\_\_\_\_ Hesston

\_\_\_\_ North Newton

Type

\_\_\_\_ New

\_\_\_\_ Renewal

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Sex: M F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Bluestem Membership Type

\_\_\_\_ Single adult

\_\_\_\_ Senior (62) couple

\_\_\_\_ Senior (62) single

\_\_\_\_ SV resident

\_\_\_\_ KB resident

\_\_\_\_ Adult couple

\_\_\_\_ Staff SV

\_\_\_\_ Staff KB

\_\_\_\_ Hickory Homes

\_\_\_\_ Student 14-18 years + college

\_\_\_\_ Corporate \_\_\_\_\_

\_\_\_\_ Family add-on (FAO)

1. \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_

## Membership Length

\_\_\_\_ Payroll \_\_\_\_ SV / KB resident \_\_\_\_ Bank draft \_\_\_\_ Quarterly \_\_\_\_ Annual \_\_\_\_ Other

If membership is a bank draft, your payment will be \$ \_\_\_\_\_ per month, drafted on approximately the 8th of each month.

Membership begins \_\_\_\_\_ Expires \_\_\_\_\_

\* Payroll, Schowalter Villa / Kidron Bethel resident and bank draft memberships do not have an expiration date.

One-time, \$25 enrollment fee for new members or applicable corporate members.

30-day written notice required to cancel any membership. No refunds.

Amount paid \$ \_\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ Bill \_\_\_\_

\* Member may use "Bill" option only if signing up through applicable corporate memberships. See white notebook.

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

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

Original: Wellness Center file Copy: Member