



Michigan Athletic Club

A Division of Sparrow Health System

2900 Hannah Boulevard, East Lansing, MI. 48823 (517)364-8888

MEMBERSHIP NUMBER _____

NOTE _____

MEMBERSHIP APPLICATION

Please Print

APPLICANT _____			BIRTHDATE _____
HOME ADDRESS _____			PHONE _____
CITY _____	STATE _____	ZIP _____	SOCIAL SECURITY NUMBER _____
BUSINESS/EMPLOYER _____			EMAIL _____
BUSINESS ADDRESS _____			OCCUPATION _____
CITY _____	STATE _____	ZIP _____	PHONE _____

1. PLEASE SEND STATEMENT TO: HOME BUSINESS
2. The Club is approximately _____ minutes from my home and _____ minutes from my business.
3. How you first heard about the MAC: _____
4. My primary interests are: 1. _____ 2. _____ 3. _____
- | | | | | | |
|----------------------|----------------------------|-------------------------------------|--------------------|--------------------|-------------|
| *Aerobics | *Golf | *Jogging/Walking | *Personal Training | *Spinning | *Swimming |
| *Basketball | *Handball | *Massage | *Racquetball | *Sports Medicine | *Tennis |
| *Cardio Equipment | *Health & Fitness Seminars | *Nutritional & Weight Loss Programs | *Social Facilities | *Squash | *Volleyball |
| *Children's Programs | *Zumba | *Pilates | *Spa Facilities | *Strength Training | *Yoga |
5. What most influenced your decision to join the MAC? _____
6. COMPANY NAME, IF CORPORATE MEMBERSHIP? _____
7. Yes, I have received a copy of a Physical Activity Readiness Questionnaire (PAR-Q) – Member Initials: _____
8. I would like to receive email updates about promotions, events, and activities at the Michigan Athletic Club: YES NO

ASSOCIATES TO BE BILLED ON YOUR MEMBERSHIP

1. Name _____ Relationship _____ Birth Date _____

Primary interests, in order: 1. _____ 2. _____ 3. _____

2. Name _____ Relationship _____ Birth Date _____

Primary interests, in order: 1. _____ 2. _____ 3. _____

MEMBER AGREEMENT

I hereby make application for membership in the Michigan Athletic Club. I acknowledge having received a copy of the club Rules & By-Laws and, if accepted as a member, I agree to abide by same. Furthermore, I agree to pay sum of _____ as and for an enrollment fee which, after a three-day waiting period, shall be non-refundable, and I agree to pay all prevailing monthly dues so long as I or any of my associate members retain any membership card(s). I understand my membership is non-transferable and dues are subject to change. I also understand that I must obtain written verification of having turned in my membership card(s) in order to freeze or terminate my membership.

Accepted by: _____ Submitted this _____ day of _____ year of _____

Michigan Athletic Club _____ Signature of Applicant _____

Total Payment Due at Signing: _____ + _____ = \$ _____
 (enrollment: 60300) (dues: 60100) (TOTAL)



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Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q is designed to help you decide it is safe to being an exercise program.

For most people, activity should not pose any problems or hazards. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate, or those who should have medical advice concerning the type of activity suitable for them.

Common sense is your best guide to answering these few questions. Please read them carefully and check the answer that applies to you.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you frequently have pains in your heart and chest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you often feel faint or have spells of severe dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has a doctor ever said your blood pressure was too high? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your doctor ever told you have a bone or joint problems?
such as arthritis, that has been aggravated by exercise or might
be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there a good physical reason not mentioned here why you
should not follow an activity program even if you wanted to? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you over the age 65 and not accustomed to vigorous?
exercise? |

If you answered:

YES, to one or more of the questions:

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity. Tell your physician what questions you answered "yes" to on PAR-Q or present your PAR-Q copy.

After medical evaluation, seek advice from your physician as to your suitability for:

- Unrestricted physical activity starting off easily and progressing gradually.
- Restricted or supervised needs at least on an initial basis.

NO, to all questions:

If you answered PAR-Q accurately, you have a reasonable assurance of your present suitability for:

- A graduated exercise program – a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.

Member#: _____

Signature: _____ Date: _____



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Electronic Funds Transfer (EFT) Authorization Form

Name: _____ Mbr#: _____

Address: _____

City: _____ Zip: _____

Phone (H): _____ (W): _____ (C): _____

I hereby authorize the Michigan Athletic Club to: (CHECK ONE)

1. ___ Debit my chosen account for the amount of each monthly statement
2. ___ Debit my chosen account up to the maximum amount of \$ _____ *
(* Any additional charges will be billed to you monthly)

Circle: CHECKING or SAVINGS

(Withdrawn the 3rd business day of each month)

(Attach a copy of voided check or savings deposit slip from account to drawn from)

Circle: VISA or MASTERCARD

(Withdrawn the day we print statements: Approx 25th – 28th of each month)

Card#: _____

Exp Date: _____ Billing address zip code: _____

Card Holders Name: _____

The above transaction will be transferred every month to apply as payment towards my MAC membership account. All new members of the MAC are required to participate in EFT as a form of payment.

I understand that any charges not covered by my above chosen account need to be remitted to the Michigan Athletic Club by the 24th of each statement month. Also, if I wish to terminate this agreement, I must submit a written declaration to the Michigan Athletic Club.

Signature: _____

Print Name: _____

Date: _____