Radiant Fitness

Client Name:_____

Billing address:_____

Billing Zip code:_____

Thank you for joining the Radiant Fitness Running & Striding Club**.** With the monthly payment option your $75 membership will be billed on the first of every month. Your first payment of **$**_____ was received on _____ _____via **Cash / Check / Credit Card.**

As a Radiant Running Club member you will receive the following benefits;

A PERSONALIZED DAILY WORKOUT SCHEDULE!

A WEEKLY SUPERVISED CLUB WORKOUT

WEEKLY SUPERVISED WORKOUTS IN THE SAN DIEGO REGION

DISCOUNTS ON ADDITIONAL SERVICES AT RADIANT FITNESS

Membership Start Date: _____

Terms & Conditions

****This is a month to month Membership****

Your membership rates are fixed for a minimum of one year from the above stated **Membership Start Date.** Y**our membership requires a 30 day written notice to be canceled.** Membership benefits are non-transferable and non-refundable. **Your monthly membership fee of $_____ will be debited on the first business day of every month unless otherwise stated.**

If you wish to choose another date for your membership fee auto-debit please circle one of the following billing dates:

10th 15th 25th

Cancellation Policy

To cancel your membership you must do so in writing with a 30 day advance notice.

I _____ understand that I am signing a contract for an auto
name printed on card
debit transaction and I understand the above cancellation policy.

CC # _____ Exp. Date _____ Security code _____

_____ _____
Client Signature Date

_____ _____
Radiant Fitness Representative Date

www.radiantfitness.net
619 865 9903