

# Gold's Gym Franchisee Association

## GGFA MEMBERSHIP AGREEMENT

Today's Date: \_\_\_\_\_ Gym Registration # \_\_\_\_\_

**The individual registering for the GGFA membership MUST be the same individual indicated on the Credit Card Authorization.**

Registering Gold's Gym Name and Street Address:  
For Multiple gyms-attach a master list of your gyms \_\_\_\_\_

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

Owner's Name (Primary Contact): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Secondary Contact Name and Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address 1: \_\_\_\_\_ E-mail Address 2: \_\_\_\_\_

**Please enter your Alliance and/or Region Affiliation:**

### **Terms and Conditions**

1. I consent to receiving notices from GGFA by facsimile, electronic mail and by GGFA posting on its web site with notice to me that posting has been made. I understand that I can at any time in writing, revoke this consent.
2. I have completed the following information and authorize GGFA to EFT (\$43.00), for the club listed on this agreement, from my credit card or bank account listed below.
3. I also understand that this Membership Agreement will automatically renew itself each year and that at any time I can cancel this agreement with a 30 day written notice by sending a letter to the GGFA to the following address:

Gold's Gym Franchisee Association  
Attention: Ginger Collins  
245 Peachtree Industrial Blvd  
Sugar Hill, Ga. 30518

4. I have read and agree with the Terms of this Agreement. My signature and completed registration information signifies my acceptance of the financial terms listed in this Membership Agreement along with the GGFA rules and its by-laws.

I have elected to pay my registration fee and monthly dues by EFT on my credit card.

I have elected to pay my monthly dues by EFT on my bank account.

I have elected to pay the registration fee (\$250.00) & my dues in full for one year (\$516.00) by credit card. If you own more than one club the registration fee is still only (\$250.00) and (\$516.00) per year for each of your facilities.

### **Credit Card Information**

<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
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Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Mailing Address for Card: \_\_\_\_\_

### **Bank Draft Information**

Bank Name: \_\_\_\_\_ Bank Account Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature Above

\_\_\_\_\_  
Date

**If you email this application, please indicate your approval for the debiting of your account on your email.**

The signer of this Agreement must be the Primary Contact named above.

If you have any questions please contact Ginger Collins at 678.730.0815

Gold's Gym Franchisee Association

245 Peachtree Industrial Blvd, Sugar Hill, Ga. 30518

If you have elected to pay your registration fee by EFT you may fax or email this form to:

Fax: 770.614.0909 • E-mail: [ggfaassist@aol.com](mailto:ggfaassist@aol.com) or [m3gigi@aol.com](mailto:m3gigi@aol.com)