emPower Training Systems
276 Granite Run Dr.
Lancaster, PA 17601
(717) 300-0543
www.empowertrainingsystems.com
Josh March, Owner

## **Membership Agreement**

BASIC INFO:		
Last Name:	First Name:	
Address:		- -
Email:		
Phone Numbers: Home: ( ) Cell: ( )		Work: ( )
Profession:	_	Birthday://
Emergency Contact: Name:Address:		elation:
Phone: ( )  Dr.'s Name:		
How did you hear about emPower?		
TERMS: Start Date://		
Services Included in Monthly Package:		
Monthly Payment Amount:	_ Pro-	rated 1 <sup>st</sup> Month Amount:
*Does not include pro-rated month. If starting day of the subsequent month.  *Upon completion of the initial term, this ag	ng part way thi	rough a month, the agreement starts on the 1 <sup>st</sup> uto-renew on a month-to-month basis unless
cancel their membership, they must provide	pro-rated and written notice	this agreement to cancel their membership I the difference refunded. If a client chooses to to emPower no later than 5pm on the 30 <sup>th</sup> day. derstand that I will incur a "Freeze Fee" of \$50

per month while frozen, but this will lock in my current rate.



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## **Automatic Withdraw/EFT Authorization**

Credit Card	Waster Card DISC VER
Cicuit Cui u	
Name on card	
Card number	
Card type	
3 Digit security code	
Expiration date	
*employee verification:	(employee initials)
I hereby acknowledge that I have permission payment of services and authorize emPowe card/account automatically each month for	r Training Systems to charge my
of this form, I will be responsible for and b	nation is correct to the best of my sel my membership as permitted on the front illed each month on the 1st. I have read and nent and consider it to be legal and binding.
Signature	Date