GreatLIFE Membership Agreement Account Number: _______ Date

First Name	Middle Initial Last Name		Driver's License #		Key Fob#			
Present Address	City	State		Zip	Birthdate: Month	Day	Year	
Home Phone	Cell Phone			Email				
				TO CLUB FAC at home or attending school of	. —			
<u> </u>				<u> </u>				
Spouse (must be married, as recognized by KS or MO law)	Child/Dependent	Child/Dependent Child/De			endent Child/Dependent Male			
Birthday: / / Female	Birthday:/	Male /	Birthday:	// Female	Birthday:/	/	☐ Male ☐ Female	
Email:	Email:		Email:		Email:			
Key FOB#	Key FOB#		Key FOB#		Key FOB#			
Types of Membership	(Monthly payment; Cred	lit Card option availa	ble)	Your Membership Beg	gins	/_	/	
Classic PLUS				Your 1st Bankdraft will occur on//				
Champion PLUS Individual No Cart \$55 With Cart \$115				One Time Initiation Fee \$				
Family No Cart \$85 With Cart \$165				Monthly Dues \$ (Dues owed prior to 1st Bankdraft)				
Fitness PLUS Individual \$20 Family \$30				Tax \$				
REFERRAL MEMBERSHIP New Member Current Member				Annual CC Processing Fee (\$75) \$				
Classic PLUS Individual \$150 Family \$150				Amount Due \$				
Champion PLUS Individual No Cart \$40 With Cart \$80 Family No Cart \$60 With Cart \$120				Amount Paid \$				
Fitness PLUS Individual \$15 Family \$23				Annual Dues \$ (Pro-rated if joining in the middle of a fiscal year)				
Range Pass \$\ \text{Locker }_\\$ \text{Bag Storage }_\\$				PAID BY Cash Check # Charge				
Other				Member Sponsor/How	Did you hear abou	ıt our Mem	bership?	
*Tax will be added to all Mem	bership Dues							
		I agree to abide by	v the follow	ina:				
I agree to abide by all rules, regulations of this Contract is signed and will run continunderstand that manag	wously until March 31, 20_	d in Addendum A and B of I understand that thi	f this Members is membership	hip Contract. I understand and ag	il 1, 20 and for a	all subsequent		
is my complete understanding that if I wish to tern nember who passes away or a member who has out of state), i	accepted a military assignment out	of the area for more than 30 d	lays (military pa		hip termination). If a memb			
I have read and understand the terms of the	nis Membership Agreement as outli			(Addendum A) and the General Me nent (Addendum B) that is on the reve			er's Initials	
		WAIVER/F				Menibe	a a miliulă	
ereby agree to participate and/or engage in the Acknowledging the desirability of a physical ethat I have no disability, impairment or ailmen I am aware of the risks of illness or injury inhetripping in holes or other natural indentations Club's programs upon the express understand judgements, including attorney's fees and counted harmless the Club from and against any of the content of the programs and counted harmless the Club from and against any of the content of the programs are programs.	xamination before participation, I r t preventing me from engaging or p rent in any golf, tennis, exercise or in the ground, injury from insects, c ing that I hereby indemnify, waive or t costs (hereafter referred to as the	epresent to the Club that I am participating in activity that wi swimming program. These inj unimals, birds or snakes; drow and release the Club, it's empl	physically cape ill be detrimenta jury risks includ vning; infections loyees, agents, o	able of participation in the program of l or injurious to my health, safety, or l e, but are not limited to: being hit by from water in the pool; pulled muscl officers, Directors, Successors, and As	of my choice without injury. physical condition if I do so golf balls, golf clubs, golf c as or other sprains and stra ssigns from any and all clai	engage or par carts, or lightnin ains. I am parti ims, costs, liabi	irticipate. ng; stepping or icipating in the ilities, expenses	
I assume full responsibility for myself and anyo employees against any and all liability incurre deliver this waiver and release so that I may p	one who becomes a member under d by them toward such. I understal articipate in the program(s) offered	nd and agree that any person by the Club.	who is a party	to my Membership Contract will also	be a party to this waiver/r	release. I hereby	y execute and	
I understand that by becoming a member, the time while I am a member and, may be obtain				10 years and older that are listed on	i mis application. This infor	mailon may be	obiained at a	
Membership Coordinator	Date: Month	_/// Day Year	Membe	r	Date: Month	// Day `	/ Year	
	Authorization for Par	vment of Dues - Flectr	ronic Bank	Draft or Monthly Credit Co	ırd			
authorize GreatLife KC and the financial institute the attached check or deposit slip. I understand bllowing the 15th. Changes in account or bank arayment. Canceling a bank draft does not canceceived, the membership will be transferred to	tion named on the attached check or my automatic payment will be dedu information must be submitted in well a el a membership or cancel charges the "annual payment" option and the	or deposit slip to deduct, the a ucted on the 15th day of each writing to GreatLife KC. Chang accrued on the membership on the remaining amount due und	amount of my man month. If the 14 ges must be receducted in the education of the terms of the te	onthly dues and any charges made to 5th falls on a weekend or bank holido ived prior to the 1st business day of a ivent that a bank draft is revoked or a the Contract will be owed. Early term	o my membership account, ny, the deduction will be dr any given month in order to an account is closed and ne	afted on the new o be processed to www.bank.informa	xt business day for that month ation is not	
ccepted in the event of a member who passes of Checkina (Attach voided	,	ea miliary assignment out of t		,	/pe (circle one) VI		IS AMEV	

CUSTOMER COPY: YELLOW

Savings (Attach deposit slip)

Financial Institution

CC#

Exp Date