

**Membership Agreement**  
Yoga Center of Cape Cod  
PO Box 58 ~ 1604 Route 6A  
East Dennis, MA 02641  
**www.yogacenterofcapecod.com**

Please PRINT the following information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Other Address: \_\_\_\_\_

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

**Agreement:**

I understand that I am enrolling to **unlimited** attendance Yoga Membership to be paid monthly: **\$49 for first month, then \$99 per month thereafter**. I authorize an automatic debit on the account listed herein. I understand that this is an ongoing agreement, and I may cancel with a 10-day written notice. I further understand that I am the only person that can use this membership.

Checking Account (a voided check is required)

Bank name: \_\_\_\_\_

Checking account # \_\_\_\_\_

Routing # \_\_\_\_\_

OR

Credit Card # \_\_\_\_\_ exp \_\_\_\_\_ code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_