



Yoga Membership Agreement

Name _____

Address **with zip code** _____

Telephone _____ E-Mail _____

Six month membership begins _____ ; ends _____

Please note: Membership will renew automatically at the end of six months. If you do not wish to renew, please send a written request 2 weeks prior to renewal date, in order to ensure your credit card will not be charged.

This agreement entitles the buyer to six months of unlimited yoga classes at the rate of **\$85** per month, at Camarillo Yoga Center. The agreement does not extend to any workshops or special events, children's, pre-natal, or baby class, but is solely for the purpose of attending any regularly scheduled adult yoga classes. The student is expected to attend classes appropriate for his/her level of fitness, and should consult a teacher if he or she is unsure which classes to attend. If there is any question as to a medical condition, please have your doctor approve your participation in yoga.

Six month yoga memberships may be cancelled for any reason, within 3 days of the signing of this agreement. **Please note: In order to offer this very low rate for unlimited classes, we cannot refund, extend or otherwise cancel monthly fees because of vacations or time away from the studio.** If you just come twice a week for even three months of the six, you are paying less than the single class rate at any yoga school. For those of you who come more than twice a week, this is an *incredible* deal.

Yoga Center reserves the right to alter class times and dates as necessary, and agrees to refund or transfer any unused monthly dues in the event of closure or move. My signature certifies my understanding of and agreement with this contract. I agree to make monthly payments as detailed in this contract.

Signature _____

Print Name/Date _____

Fees may be paid in the following manner:

\$85 monthly by credit card or one lump sum payment of \$510 by credit card

\$85 monthly by providing ***six post dated checks***, or one lump sum check for \$510

Payment terms (circle): \$85 per month \$510 full payment 6 Post-dated checks **or**

VISA OR MC# _____ Expiration _____ Sec. code _____

