

membership information & application

enrollment fee: \$149

individual membership

- monthly \$67
- 6 month \$350
- annually \$625

corporate membership*

- monthly \$56
- 6 month \$299
- annually \$499

* Inquire within regarding eligibility

program application

personal training:

- single session \$55
- half hour session \$30
- two person training \$75

health & fitness programs

- composition analysis \$10
- fitness assessment \$35
- exercise program design \$35

pool membership application

enrollment fee: \$99

membership includes:
locker rooms & amenities
sauna, pool & whirlpool

pool membership

- monthly \$40
- 6 month \$175
- annually \$350



located downtown inside the Radisson
100 W. Michigan Ave. • Kalamazoo, MI 49007
269/226.3184 • kalamazooathleticclub.com

new member information

last	first	middle
------	-------	--------

mailing address	city
-----------------	------

state	zip	email
-------	-----	-------

employer	day phone	home phone
----------	-----------	------------

birthday	how did you learn about us?
----------	-----------------------------

membership agreement

monthly memberships renew automatically

Monthly memberships renew automatically on the member's expiration date of the membership plan. A member may resign their membership by completing a cancellation form, available at the front desk of the Kalamazoo Athletic Club, 30 days prior to the expiration of their membership plan.

6 month and annual memberships

6 months and Annual memberships do not renew automatically, and are non-refundable.

health disclaimer

In consideration of acceptance in the Kalamazoo Athletic Club and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives, and assignees, waive and forever release Radisson Plaza Hotel & Suites, Inc., Owner and their directors and employees from any and all claims for damages or personal injury arising from such membership or use of Kalamazoo Athletic Club facilities or equipment. I accept full responsibility for any and all personal property and effects including but not limited to loss or damage of clothing, equipment, eyeglasses, etc. Furthermore, in the event of injury, I do hereby give my permission and consent to authorize such first aid and/or hospital care or treatment as deemed appropriate.

I have read and understand the membership agreement, and received my new member packet with the Information & Guidelines brochure.

signature	start date
-----------	------------

FOR OFFICE USE ONLY • PAYMENT AUTHORIZATION

ELECTRONIC FUNDS TRANSFER(EFT) Checking Savings

Acct. #

Routing #

CREDIT CARD

MasterCard Visa American Express Discover

Card #: _____

Exp: _____

CVV# _____

Employee Initials: _____