



Easter Seals Bay Area Membership Agreement

1. **Rules.** Applicant agrees to read and abide by Center rules, or rule changes announced. Failure to follow rules by applicant may result in cancellation of membership.
2. **Membership Rights.** Membership constitutes entitlement only to use the Center facilities in accordance with the rules. Membership does not confer any interest in Easter Seals property, assets, or financial management.
3. **Membership Fees and Obligations.**
 - A. Monthly dues are payable on the first of the month. Dues received after the 10th will be charged a \$5.00 late fee.
 - B. The membership will continue until a 30-day advance written notice is received to cancel membership. [redacted]. The member will owe dues for the period up to the time the membership is terminated and all account balances must be paid at this time.
 - C. Management reserves the right to increase dues after a 30-day advance notice.
 - D. Accounts delinquent over 60 days will be referred to a collection agency or attorney.
4. **Non-Transferable.** Membership agreement is not transferable.
5. **Hospitalization.** There will be a hold placed on clients accounts for hospitalization needs. Proof of hospitalization must be submitted to Easter Seals staff.
6. **Wellness Medical Screening Sheet.** Easter Seals requires all new members to fill out a health history questionnaire prior to using the facility. If Easter Seals identifies any health problems that are felt might put the member at risk, we ask that those members identified obtain a physicians referral before starting services.
7. **Cancellation upon Death or Disability.** If by reason of death or disability of Member, the Member agreeing to receive services is unable to receive all services for which he/she has contracted, they and their estate shall be relieved from the obligation of making payment of services other than those received prior to death or the onset of disability, and that if they have prepaid any sum for services, so much of such sum is allocable to the services they have not taken shall be promptly refunded to them or their representatives.

_____ Membership Type	\$ _____ Membership Monthly Fee
<input type="checkbox"/> 1 Year <input type="checkbox"/> 6 Month <input type="checkbox"/> 1 Month	
Effective Date: _____ Expiration Date: _____	
Notes: _____	

Print name

Date

Signature