

Membership Agreement
American Martial Arts Athletic Academy, Inc.
d/b/a Tiger Martial Arts

New
 Renewal

905 E. State Road 434, Suite 120, Longwood, Florida 32750
(407) 767-7070 • Fax: (407) 767-7080 • www.tigerma.com

Date ____ / ____ /20____

Please Print

Member (Buyer) _____

Additional _____ First Name _____ Last Name _____

Member Name(s) 1. _____ 2. _____ 3. _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Phones: Home () _____ Cell () _____ Work () _____

Email address: _____ D.L. #: _____

Employer's Name: _____ Job Title: _____

Employer's Address: _____

Spouse's Name: _____ Spouse's Employer: _____

Additional Contact Phone Numbers: _____

Case of Emergency, contact: _____ Relationship _____ Phone: () _____

How did you hear about us? (**please note one**)

_____ Family/Friend (who?) _____ School (Which one?) _____

Drive by _____ Sign (where?) _____ Advertisement (which one?) _____

Other (please specify) _____

The following people **only** will be allowed to pick up my child without written permission:

School your children attend: _____

Program type Evenings After School Winter Break Summer Camp Other _____

Duration of Agreement: # _____ (weeks month years) Starting _____ Ending _____

Initial Payments*: \$ _____ Type: Cash Check Credit Card Other _____

*(initial payment includes 1st week/month tuition and uniform)

Tuition: \$ _____ per (week month other (specify) _____

Deduction beginning on _____ and containing for _____ consecutive weeks months other

Payment Information

I, the buyer, agree to have funds electronically transferred according to the above schedule from the following account:

MC VISA Card # _____

Expiration Date: _____ Authorized Signature: _____

Please note that all request for payment will be presented to the bank on the Monday of the first week of the billing cycle. There will be a \$20.00 service charge for any returned check, Credit Card. If payment is not received for any reason, we cannot provide service until payment is made. NO REFUNDS.

Buyer _____ Date _____

Registrar: _____ Date _____

NOTICE: SHOULD YOU (THE BUYER) CHOOSE TO PAY FOR MORE THAN ONE BILLING CYCLE OF THIS AGREEMENT IN ADVANCE, BE AWARE THAT YOU ARE PAYING FOR FUTURE SERVICES AND MAY BE RISKING LOSS OF YOUR MONEY IN THE EVENT THIS BUSINESS LOCATION CEASES TO OPERATE. THIS FACILITY IS NOT REQUIRED BY FLORIDA LAW TO PROVIDE ANY SECURITY, AND THERE MAY NOT BE OTHER PROTECTIONS PROVIDED TO YOU SHOULD YOU CHOOSE TO PAY IN ADVANCE. DO NOT SIGN THIS CONTRACT BEFORE YOU READ THE WRITING ON THE REVERSE SIDE EVEN IF OTHERWISE ADVISE. DO NOT SIGN THIS IF IT CONTAINS ANY BLANK SPACES.

(SEE REVERSE SIDE FOR ADDITIONAL PROVISIONS, TERMS AND CONDITIONS.)