

Membership applicants must provide CURRENT PROOF OF RESIDENCY/OCCUPANCY & picture ID to purchase Resident / Household Memberships and for membership to be processed. (i.e. Head of House **MUST** provide proof of residency for membership to be processed).

ALL INFORMATION MUST BE RECEIVED WITHIN 10 DAYS OF PURCHASE DATE AND DATED WITHIN THE LAST 30 DAYS AT TIME OF APPLICATION

Current proof of residency includes the following:

- Utility bill (i.e., phone, cell phone, water, gas, electric)
- Bank statement,
- Pay stub with your name and address
- County Assessor statement
- Any other bill that has been mailed to applicant
- Applicant may also print off a statement that they have received and dated with in the last 30 days.

- **We do not accept a driver's license or personal check, or "junk mail" as proof of residency.**

Without proof of residency, Annual General Membership fees will apply.

Current proof of residency is required for all applicants 21 years of age or older. *

All proof of residency forms must be received within 10 days of application for membership to be considered "**current**" or membership may be terminated.*

Proof of Insurance/Business Membership

- Pay stub
- Letter from Employer
- Insurance card

*Household Affidavit: In the event that a household member listed on my membership, age 21 or older, is unable to provide proof of residency, by signing below, I attest that the individual is a resident of my household. I further agree that if it is determined the above mentioned is not a resident of my household, the result will be the immediate termination of the household membership and all individuals listed will be ineligible for a membership of any kind for 3 years.

KOPFC reserves the right to verify proof of residency of individuals at any time.

Signed

Printed Name

Date

DEBIT AUTHORIZATION

Company Name: Oquirrh Recreation and Parks District Company ID Number: 87-0271240

I (we), hereinafter called MEMBER, hereby authorize Oquirrh Recreation and Parks District (dba, Kearns Oquirrh Park Fitness Center) hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account** / **Savings Account (select one)** at the financial institution indicated below. I (we) acknowledge that the origination of DRAFT transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification of its termination in such manner as specified in the Membership Agreement. **Any changes to banking information must be submitted three business days prior to the draft date.** If the draft is returned or is returned because the account is closed, or any other reason, the membership will be terminated and the MEMBER will be assessed a \$20.00 return fee plus any amounts owing. If the 12-month contract has not been fulfilled the balance for the remainder of the contract, plus fees, becomes due immediately and can be sent to collections if not paid within 30 days. Member agrees to pay reasonable attorney fees, legal expenses, and other lawful collection cost incurred after default. Any MEMBER whose draft is returned three times will not be allowed on the draft plan.

Please debit my account on the 1st or 15th of each month (check one).

Debits to MEMBER'S account will continue for a minimum of twelve (12) months AND until MEMBER provides to the COMPANY thirty (30) days advance written notice of intent to convert membership to annual payments or to terminate membership.

FEE GUARANTEE. Membership fees may be modified from time-to-time by the COMPANY Board of Trustees. No membership fee increase will be applicable until both the twelve (12) month anniversary of the Application has passed AND Member has been given at least thirty (30) days advance written notice of the fee increase.

Name _____ Driver's License # _____
(Please Print)

Signature _____ Date _____

<p>I _____ authorize Kearns Oquirrh Park Fitness Center to debit my account on a monthly basis, until written notice is given as specified in the membership agreement. Monthly Debit amount will be credited to _____ fitness center membership.</p> <p style="text-align: center;">(Please Print) (Members Name)</p> <p>Signature _____ Date _____</p>
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