



EMAIL: BMCNABB@LOVEOAK.COM | FAX: 254-629-3177 | 805 W MAIN ST, EASTLAND, TX 76448

CORPORATE PAID EMPLOYEE INFORMATION & ANCILLARY AGREEMENT FORM

EMPLOYER INFORMATION		
COMPANY NAME:		
EMPLOYEE INFORMATION		
NAME:	DOB:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS:		
EMAIL:	PRIMARY PHONE:	
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE:	

I attest that I am the employee listed above. I agree that my LOVE OAK 24/7 Health Club membership is paid by my employer and is thus subject to termination or change based on my employment status, my employer's business decisions, or my employer's failure to make payments. My corporate paid membership does not preclude LOVE OAK 24/7 Health Club from terminating my membership if I fail to follow all terms and conditions found in the base membership agreement. I understand that I must visit the health club in-person between the hours of 8am-6pm Monday through Friday to sign the base membership agreement to initiate my 24/7 health club access. I understand that there are additional charges for optional access key tags and optional services not selected by my employer.

EMPLOYEE SIGNATURE: _____ DATE: _____