



MEMBERSHIP AGREEMENT MONTHLY EFT

OFFICE USE ONLY

Payment \$ _____ Method _____ Setup _____

MEMBER INFORMATION (PLEASE PRINT LEGIBLY)

Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)
Address		City	State	Zip	
Primary/Cell/Home Phone	Work Phone	Email (email addresses are not shared/sold)			
Emergency Contact		Emergency Phone	Relationship		
How did you hear about us?		Do you have any particular areas of expertise?			

MEMBERSHIP DETAILS

Individual Membership: (check all that apply)				Discounts available:	
Type:	Monthly	Admin Fee	Access	<input type="checkbox"/> Military	10% off
<input type="checkbox"/> Tier 1	\$45	\$25	5hrs/mo	<input type="checkbox"/> 1 Year Contract*	5% off & Admin Fee waived
<input type="checkbox"/> Tier 2	\$99	\$25	15 hrs/mo	<input type="checkbox"/> 1 Year Prepaid	15% off & Admin Fee waived
<input type="checkbox"/> Tier 3	\$170	\$25	Unlimited	*1 year membership contract must also be signed	
<input type="checkbox"/> Hourly	\$20	\$25		Total Due Today _____	

MEMBERSHIP TERMS

Member Initials _____	Membership Start Date	<input type="text"/>	Membership End Date	OPEN
Member Initials _____	This membership is a DUES paying membership. It begins on the date indicated above and continues indefinitely until cancelled. <u>Membership cancellation requires 30 days written notice.</u>			
Member Initials _____	I understand that if I have paid or am obligated to pay an annual administration fee as listed above, and that under no circumstances is any portion of this amount refundable.			
Member Initials _____	Beginning on the _____ of each month, monthly dues as listed above will be paid to DIYcave, LLC by electronic funds transfer (EFT) as listed below.			
Member Initials _____	Unused hours will roll over for six months, so long as your membership is kept current.			
Member Initials _____	In the event of a declined EFT payment, a Bank Decline Fee of \$10 will be charged.			
Member Initials _____	DIYcave, LLC reserves the right to increase dues at its discretion with 60 days written notice.			
Member Initials _____	I agree to the posted rules of DIYcave, LLC.			

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I hereby authorize DIYcave, LLC to initiate debit entries to the Credit Card or Debit Card named below, and/or adjustments for any debit entries made in error. I hereby authorize the financial institution named below to credit and/or debit the same to such account. This authorization is to remain in full force and effect until DIYcave, LLC has received written notification from me of its termination.			
Name on Card/Account		BILLING Address on Card/Account (if different)	
Credit Card Number	Credit Card Expiration Date (mm/yyyy)	CVC	

SIGNATURE(S)

I have been advised of the Terms and Conditions of Membership and fully understand the Membership Agreement. IN WITNESS WHEREOF this Membership Agreement has been executed by the parties on the date written below.			
Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date