

LEXINGTON ACADEMY OF MARTIAL ARTS (LAMA)

949 National Avenue #180

Lexington, KY 40502

MEMBERSHIP FORM

859-559-3017

Parent #1 _____
Cell ____/____-____ Home ____/____-____ Work ____/____-____
Billing Address _____ City _____
Zip Code _____ FAMILY E-MAIL ADDRESS _____@_____
Parent #2 _____
Cell ____/____-____ Home ____/____-____ Work ____/____-____
Billing Address _____ City _____
Zip Code _____ FAMILY E-MAIL ADDRESS _____@_____

MEMBERSHIP DETAILS

Program Description (Monthly or Yearly)

1 time enrollment fee _____ Credit Card/Debit Card Number _____
Tuition _____
Initial Payment _____ VISA _____ MC _____ AMEX _____
Monthly Payment _____ Ex Date _____ Security Code _____
Program Begins _____

Student #1	_____	DOB	_____
Student #2	_____	DOB	_____
Student #3	_____	DOB	_____
Student #4	_____	DOB	_____
Student #5	_____	DOB	_____

With my signature, I agree to the above conditions and allow Lexington Academy of Martial Arts (LAMA) to electronically bill my account. I also understand that I must bring in a 60 day notice to cancel my membership.

Customer Printed Name	Customer Signature	Date of Agreement
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MONTHLY MEMBERSHIPS

_____ My payments will automatically be charged to my account. When I decide to cancel my membership, it must be in written notice, 60 days after my notice is received by LAMA, my payments will stop. I also understand I am obligated to pay the entire cost of membership even though I may choose to not participate in or take advantage of the offered instruction. Payments are to be made according to the scheduled dates including any and all incurred late fees and NSF charges.

OPTIONAL EXPENSES

_____ I further understand that the instruction in Taekwondo will require payment of other expenses, such as cost of safety and training equipment which may be purchased EXCLUSIVELY from LAMA for insurance purposes and testing fees.

MONTHLY RULES

_____ LAMA reserves the right to cancel this service agreement for members violation of published and/or the interference of routine business procedures and operations by me, the students(s) listed, and his/her guardian or guest(s).

RELEASE

_____ This agreement is subject to the terms of any Agreement of Release executed by LAMA and any student noted above and the term of any such release shall be incorporated to this agreement.