

SportsMed, Inc. (D.B.A.) Body Dynamics is  
Registered with the State of Florida as a  
Health Studio Facility.  
Registration # HS - 03674

**BODY DYNAMICS**  
700 W. Lantana Road  
Lantana, FL 33462  
(561) 585-3300

Member # \_\_\_\_\_  
Date 8/15/01  
Account Rep ETA  
Source Walkin  
TYPE Week

NEW  
 RENEWAL  
 ADD-ON

**MEMBERSHIP AGREEMENT**

FIRST NAME <u>Harman</u>	MI	LAST NAME <u>Alshehhi</u>	AGE <u>23</u>	BIRTHDATE <u>05/09/78</u>
EMPLOYER	ADDRESS	SUITE	PHONE	
CURRENT MAILING ADDRESS	APT	CITY	STATE	ZIP
DRIVER'S LICENSE #	HOME PHONE #	CELL PHONE	E-MAIL	
SOCIAL SECURITY #	EMERGENCY CONTACT <u>ATA</u>	RELATIONSHIP	PHONE <u>954-815-7004</u>	
ADDITIONAL FAMILY MEMBER, IF APPLICABLE	RELATIONSHIP	AGE	PHONE	

THROUGHOUT THIS CONTRACT THE SELLER/CLUB IS REFERRED TO AS "WE, US, OUR". THE BUYER IS REFERRED TO AS "YOU, YOUR, YOURS".

**STATEMENT OF DISCLOSURE (Sales Tax Included)**

Enrollment Date 8/16/01 Expiration Date 8/23/01  
 Amount of Enrollment Fee \$ 120.00 Amount Paid \$ \_\_\_\_\_  
 Balance Due \$ 0 Balance Due By \_\_\_\_\_  
 Amount of Monthly Dues \$ 0 No. Of Payments 0 (consecutive months)  
 Total Sales Price \$ 31.50 Payment Method: CK  CC  CS

**PROMISSORY NOTE**

I understand that I have signed a contract/note. My failure to regularly attend and utilize center facilities does not relieve me of my obligations, regardless of the circumstances, to pay the installment note in full. I understand that, except as herein provided, my membership is absolutely non-cancelable. Should I default, I agree to pay all costs of collection, including but not limited to Collection Agency fees up to 25% of the unpaid balance, court costs, and reasonable attorney's fee. All of which may be paid or incurred by the holder of this note.

ATA For VALUE RECEIVED, I/we, or either of us promise to pay to the order of SportsMed, Inc. or its assigns the total above written sum, payable in ATA consecutive monthly installments of \$ ATA due on the ATA day of each month beginning ATA and each month thereafter until full amount is paid.

A \$25.00 service charge will be assessed for all rejected checks and there will be a \$10.00 fee for returned electronic fund transfers. Should a default be made in any monthly installment, the entire remaining sum due hereunder shall immediately be due and payable at the option of the owner of this note and shall bear interest at the rate of 15% per annum from date of default. To the full extent permissible by law, for purposes of collection or any dispute arising hereunder, I hereby submit to the sole and exclusive jurisdiction of the State of Florida. If any installment is more than ten days past due, a late charge of \$10.00 may be assessed on each delinquent installment. The debtor waives presentment hereof for payment, protest and notice of non-payment and of protest. The holder may extend or postpone payment without notice and without discharging the undersigned. I certify that I have read both sides of this agreement and understand the terms, rules and regulations of this agreement and will comply with the contents herein.

Harman Alshehhi Date 8/15/01 Enrique Pedraza Date 8/15/01  
 Signature Authorized Representative

Member's Name (if different than buyer) \_\_\_\_\_ Date \_\_\_\_\_ Co-Signer/ Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Billing Method:  EFT - Bank  EFT - Credit Card  Paid in Full  
 1<sup>st</sup> or 15<sup>th</sup> 1<sup>st</sup> or 15<sup>th</sup>

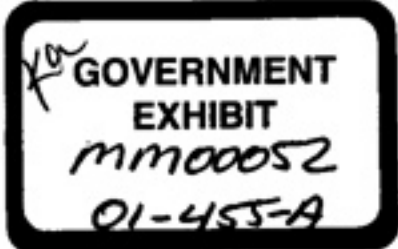
**PLEASE COMPLETE FOR EFT AUTHORIZATION EFT BILLING ONLY**

I \_\_\_\_\_ (Please Print) authorize my bank to make my payment by the method indicated below and post it to my account.  
**A VOIDED CHECK must be supplied for bank processing.**

Bank Debit  Checking  Savings  
 BANK NAME & ADDRESS ACCOUNT NO. TRANSIT / ABA NO.

Credit Card  Visa  MasterCard  Discover  Amex  
 ACCOUNT NUMBER EXPIRATION NAME ON CARD

REARRANGED PAYMENTS ARE SUBJECT TO THE FOLLOWING CONDITIONS:  
 1) AUTHORITY shall remain in full force until such time as the member (guardian) offers sufficient written notice to affect cancellation of EFT payment plan.  
 2) Payments will be processed on or about as available due date as close to the payment due date as possible and on each consecutive month until paid in full.  
 3) The transactions reported on your bank or credit card statement shall constitute receipts for payment to your account.



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