



THE LEGACY

at Bonne Esperance

1655 SHERWOOD FOREST BLVD. BATON ROUGE, LA 70815
PHONE: (225) 246-2917

MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
NAME:		
CURRENT ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH: / /	GENDER:	EMAIL:
HOME PHONE:	CELL PHONE:	WORK PHONE:
CURRENT EMPLOYER:		TITLE:
SPOUSE INFORMATION (IF FAMILY MEMBERSHIP)		
NAME:		
CURRENT ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH: / /	GENDER:	EMAIL:
HOME PHONE:	CELL PHONE:	WORK PHONE:
CURRENT EMPLOYER:		TITLE:
CHILDREN INFORMATION (IF FAMILY MEMBERSHIP)		
CHILD'S FULL NAME		DATE OF BIRTH
<input type="checkbox"/> M <input type="checkbox"/> F		/ /
<input type="checkbox"/> M <input type="checkbox"/> F		/ /
<input type="checkbox"/> M <input type="checkbox"/> F		/ /
EMERGENCY CONTACT INFORMATION		
NAME OF RELATIVE NOT RESIDING WITH YOU:		
RELATIONSHIP:	PHONE:	
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DRAFT)		
I give authorization to Bonne Esperance LLC to draft my bank account or charge my credit card account on a monthly basis as payment for my membership dues. The authorization is to remain in full force and effect until Bonne Esperance LLC has received written notification from me of its termination 30 days prior to authorization. It is my responsibility to provide Bonne Esperance LLC with any changes to my debit/credit card account, address, telephone numbers, or membership type by providing a 30-day notification. In the event that this electronic funds transfer is declined or returned due to lack of funds or account information, I will be charged a fee of \$25.		
NAME ON CARD:	<input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT	TYPE: <input type="checkbox"/> MASTER <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
CARD # - - -	EXP: / /	SECURITY CODE:
SIGNATURE:		DATE: / /
BILLING ADDRESS (IF DIFFERENT FROM CURRENT ADDRESS):		
CITY:	STATE:	ZIP:

CANCELLATIONS

I understand a cancellation request must be submitted in writing to Bonne Esperance LLC if I wish to discontinue my membership after the contract minimum has been reached. Cancellation requests must be submitted in writing (30) thirty days prior to the effective date. Cancellation requests can be emailed to mindy.thelegacy@gmail.com. I acknowledge that my membership with Bonne Esperance LLC is not transferable and the initiation fee is non-refundable. I understand that this membership is automatically renewed on a month-to-month basis. **SIGNATURE OF APPLICANT:** _____

LIABILITY WAIVER

In consideration of being allowed to participate in club activities, included but not limited to weight lifting, cardiovascular activities, group exercise classes, volleyball, and tennis, I acknowledge, appreciate, and agree for myself, as well as my spouse and dependents that are documented above in the membership agreement, that :

1. I understand that while participating in activities there is a significant risk of injury, physically and mentally, or death.
2. I knowingly and freely assume all such risks, both known and unknown, and I assume full responsibility for my participation.
3. I understand that while participating in activities my property may be lost or damaged.
4. I, for myself, my spouse, and dependents, hereby release and hold harmless Bonne Esperance LLC, its officers, agents and/or employees with respect to any and all injury, disability, death, or loss or damage to person or property which may be made by me or on my behalf or by other parties.

I hereby apply for membership to Bonne Esperance LLC. By signing this application, I agree to abide by all the rules set forth by Bonne Esperance LLC, as well as pay any fees that may be assessed by the club due to negligent acts by me, my spouse, and my dependents.

SIGNATURE OF APPLICANT: _____ **DATE:** ____/____/____

MONTHLY MEMBERSHIP

Please choose your membership type:

Pickleball/Fitness Center Only

- \$50/month single | \$85/month couple \$100 Capitalization fee with (no contract required)

Tennis/Pickleball/Pool

- \$100/month single only \$150 capitalization fee (1year contract required)

Full Amenities

- Single - \$125/month \$250 capitalization fee (1/2 waived with 1-year contract)
- Family of 2 - \$150/month
- Family of 3 or more - \$165/month

Pool only

- Pool Only Membership \$600 (Memorial Day - Labor Day) - Must be paid in full

* Taxes not included *

Family members must live in the same household. It may include a married couple and all unmarried children under the age of 21. (Grandchildren are not eligible).

REFFERAL

How did you hear about us? _____

If referred by a member, please print their first and last name. _____

OFFICE USE ONLY

Join Date: _____	Under Contract until: _____	Member Number: _____
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