



Member Agreement

New Member
 Change in Existing Membership
 FROM: _____ TO: _____

Primary Member Name: FIRST / MIDDLE INITIAL / LAST

Secondary Member Name: FIRST / MIDDLE INITIAL / LAST

MEMBERSHIP DETAILS AND FEES

New Membership Options

- Social Single Social Dual
- Fitness Single Fitness Dual
- Social/Fit Single Social/Fit Dual
- Cmnty Fit Single Community Fit Dual

Health Insurance Provider

- Silver Sneakers / Fitness Your Way # _____
- Silver Fit / Active Fit # _____
- Healthy Contributions; Medica, BCBS, UCare, Health Partners

NEED COPY OF INSURANCE CARDS

ACKNOWLEDGEMENT

I have received, read and understand the Membership Policy Terms and Agreement as well as the 125 LIVE General Information and Policies. By signing this membership agreement I concur that all information is correct to the best of my knowledge. I furthermore agree to accept financial responsibility for all individuals listed on this form.

Primary Member Signature

Date

Secondary Member Signature

Date

Office Use Only

Monthly Membership Fee:

Enrollment Fee \$ _____ Member Support
 Dues \$ _____ \$10 Change Fee
 Total Due at Enrollment \$ _____ Waived
 Monthly Dues \$ _____ Start Date ___/___/___ Pro-Rated

Annual Membership Fee:

Enrollment Fee \$ _____ Cash
 Dues \$ _____ Check
 Total Due at Enrollment \$ _____ Card
 Effective ___/___/___ to ___/___/___

Accepted by _____ Date ___/___/___

Attached

- EFT Agreement
- Documentation
- Insurance Form and Copy of Card

Complete

- Photo Taken
- Healthy Contributions
- Tivity - Silver Sneakers
- Ash Link - Silver & Fit
- Constant Contact