



New Member Agreement

125 Live
125 Elton Hills Drive NW
Rochester.MN.55901
507-287-1404.
125livemn.org

****Must present valid photo ID at time of enrollment****

(Primary Member) **FIRST NAME** **LAST NAME**

(Secondary Member) **FIRST NAME** **LAST NAME**

Select Membership Type:

Single **OR** Dual

- 18-49 Social
- 18-49 Fitness
- 18-49 Social & Fitness
- 50+ Social
- 50+ Fitness
- 50+ Social & Fitness
- 90+ Social (free)
- 90+ Fitness (1/2 price)
- 90+ Social & Fitness

Specialty Membership Types:

- Group Fitness Punch Card
- Extended Stay (circle one) → SOCIAL | FITNESS | SOCIAL & FITNESS
- Supported Partner Program (circle one) → Jeremiah Program | ACHLA | MN Extension Office

Fitness Reimbursement Program:

Need copy of insurance card & portal verification

- Silver Sneakers
Fitness ID # _____
- Renew Active/ One Pass
Fitness ID # _____
- Silver & Fit
Fitness ID # _____
- PRIME/ Fitness Your Way
Fitness ID # _____
- Active & Fit
Fitness ID # _____

Pricing Breakdown				
Monthly Membership		Fees	Annual Membership	
Enrollment Fee (1-time)	\$50	<input type="checkbox"/> Waived (Ins, grant, promo)	Enrollment Fee (1-time)	\$50
Dues	\$	<input type="checkbox"/> Pro-Rated	Dues	\$
Donation	\$	Discount	Donation	\$
Total due at Enrollment	\$	<input type="checkbox"/> Grant - CODE: _____	Total Due at Enrollment	\$
Monthly Dues	\$	<input type="checkbox"/> 10% Veteran	Annual Membership Dates ____/____/____ - ____/____/____	
		<input type="checkbox"/> 20% Corporate Indicate below		
MEMBERSHIP NOTES: (Discount type, renewed cancelled, etc.)				

ACKNOWLEDEMENT

By signing, I acknowledge that I have received and understand the Membership Policy Terms and agreement. I agree that participation in any programs and use of equipment or facilities at 125 LIVE is at my own risk, and I assume full responsibility for any injuries or damages that may occur. I release and hold harmless 125 LIVE, its agents, and employees from all claims, including those arising from negligence. If I am a parent, guardian, or caregiver, I accept full responsibility for any injury, loss, or illness related to my child's participation and agree not to hold 125 LIVE liable. I also consent to and authorize 125 LIVE to use and publish images of me for any purpose without compensation. I understand that such images may be used with or without my name and that 125 LIVE is not responsible for any unauthorized use by others.

PRIMARY MEMBER SIGNATURE **DATE**

SECONDARY MEMBER SIGNATURE **DATE**



Monthly Billing Authorization

Electronic Funds Transfer Agreement

125 Live
125 Elton Hills Drive NW
Rochester.MN.55901
507-287-1404.
125livemn.org

Please complete this form if you have selected **automatic monthly billing** for your monthly membership dues.

DO NOT COMPLETE THIS FORM IF:

- You have selected an **annual membership**, or
- You have a **free fitness-only membership** through your insurance provider.

Terms and Conditions:

1. Automatic Payments:

By signing this agreement, I authorize 125 LIVE to charge my designated card each month for membership dues and applicable fees. Charges will occur on the final day of each month for the upcoming month's membership dues.

2. Member Responsibility:

I understand that I am responsible for ensuring my payment information remains valid and up to date. If my card information changes for any reason, I remain responsible for all membership dues.

3. Change or Cancellation Requests:

Membership changes, suspensions, or cancellations must be submitted in writing by the 20th of each month to take effect before the next billing cycle. Requests received after the 20th will still be responsible for the upcoming membership dues.

4. Failed or Returned Payments:

If payment is declined, I understand that I may be contacted to update my payment information and that I may be responsible for any applicable fees.

5. Authorization Duration:

This authorization remains in effect until I submit a written notice of cancellation or suspension in accordance with the policy stated above.

Authorization for Automatic Monthly Payment:

I, the undersigned, authorize **125 LIVE** to automatically charge my credit or debit card for my membership dues and any other authorized charges on a **monthly basis**.

Cardholder Name (as shown on card)

Member Signature

Date



New Member Information

Secondary Member Only if Applicable

125 Live
125 Elton Hills Drive NW
Rochester.MN.55901
507-287-1404.
125livemn.org

PRIMARY MEMBER Information

(Please print) **FIRST NAME** **LAST NAME**

DATE OF BIRTH **GENDER**

STREET ADDRESS **CITY** **STATE** **ZIP CODE**

PRIMARY PHONE (Home/Mobile)

- **Opt-in for emergency text alerts?** (weather/facility alerts) **mobile phone only** **YES** **NO**
- OPT-OUT at any time by replying **STOP2STOP** (contact information **not used or shared** for any purpose)

EMAIL ADDRESS

EMERGENCY CONTACT NAME **PHONE NUMBER** **RELATIONSHIP**

SECONDARY MEMBER Information

(Please print) **FIRST NAME** **LAST NAME**

DATE OF BIRTH **GENDER**

PRIMARY PHONE (Home/Mobile)

- **Opt-in for emergency text alerts?** (weather/facility alerts) **mobile phone only** **YES** **NO**
- OPT-OUT at any time by replying **STOP2STOP** (contact information **not used or shared** for any purpose)

EMAIL ADDRESS

EMERGENCY CONTACT NAME **PHONE NUMBER** **RELATIONSHIP**



Staff Use ONLY

New Membership Checklist

125 Live
125 Elton Hills Drive NW
Rochester.MN.55901
507-287-1404.
125livemn.org

1. Verify and Prepare Member Information

- **Verify valid photo ID**
 - Driver's License
 - Passport
 - Military ID
 - Employee ID
 - Student ID
- **All signatures completed**
- **If previous member?** N/A
 - Attach cancelled paperwork
 - Write "renewed cancelled" in the notes field on the front page.

2. Rec 1 Profile + Communications

- **All Rec 1 profile fields completed**
- **Text alerts** (mobile phone only)
 - YES NO
- **Email address** N/A
 - Entered on both **left** and **right** sides?
 - All 3 communication methods selected on the **left side**?
- **Constant Contact** N/A
 - Add email to "SEND weekly newsletter" mailing list

3. Fitness Reimbursement? Yes No

- **Insurance Document(s)**
 - Copy of insurance card (if available)
 - Insurance portal verification printout (required)

5. Membership Tasks

- **Catalog membership**
- **\$50 Enrollment Fee** (if applicable) N/A
- **Pro-rated** (if applicable) N/A
- **Monthly memberships ONLY** N/A
 - Monthly billing authorization signed
 - Auto-billing enabled (see "view balances" in member's Rec 1 profile)
- **Flags added**
 - Add flags to Rec 1 profile (membership type, insurance, discount, etc...)
- **Final Steps**
 - Tally the new member on the new member folder in the drawer
 - Put completed file in the new membership drawer

4. Fitness Reimbursement Enrollment

- **Fitness ID #**
 - Enter fitness ID # into Rec 1 profile
- **Silver Sneakers/ Prime | Fitness Your Way**
 - Verify and enroll in **Tivity**
- **Silver & Fit/ Active & Fit**
 - Verify and enroll in **ASHLink**
- **Renew Active/ One Pass**
 - Verify in **RA/OP portal** (Optum)
 - Must also **ENROLL in Healthy Contributions**

EMPLOYEE NAME

DATE