



125 LIVE Membership Grant Checklist

Please review the 125 LIVE Membership Grant Checklist to ensure you are providing all the proper documentation to be considered for a membership grant.

Membership Documents (2)

- Complete the 125 LIVE Member Agreement and forms.
 - Member Agreement
 - Primary Member Information
 - Monthly Billing Authorization (EFT) if paying for a monthly membership
- Complete the 125 LIVE Membership Grant Application
 - Fill out completely and sign

Financial Documentation (1)

All applicants must provide **at least one** of the following documents in order of priority:

- Most recent tax return (if applicable)
 - If you are not required to file taxes based on your income level, you may provide one of the other financial documents listed below
- Social security/ disability letter detailing monthly or annual amount received
- State/ County assistance letter detailing monthly benefits received
- Documentation of income in the form of pay stubs for the previous 3 months
- If you are not employed and cannot provide the above financial documentation, you may provide the last 3 months' bank statements (also include a letter of explanation)

Additional Documentation (1)

All applicants must be Minnesota residents and provide documentation of residency with one of the following documents:

- Valid MN Driver's License
- A valid U.S. Passport (showing Minnesota residence)
- A copy of a recent utility bill with current address (within the last 3 months)

Optional

125 LIVE understands that financial figures alone don't always capture the full picture of an individual's circumstances. Applications that may not qualify based strictly on financial guidelines are encouraged to submit a letter of explanation outlining additional challenges they face and how a 125 LIVE membership would support their well-being.

- Special Financial Circumstances (letter of explanation)

125 LIVE Membership Grants Program - 2026

Federal Poverty Guidelines for the USA and District of Columbia

The 125 LIVE Membership Grants Program provides the opportunity for adults with financial limitations to be a member of 125 LIVE and benefit from all the programming, resources, and tools that we have to offer. Supported memberships are obtained using a sliding fee scale (available online) to determine membership costs based on your verified income. Tiers are based on 25%, 40%, 50%, and 60% of standard monthly and annual membership pricing.

18-49 Years - Income Levels and Membership Pricing 1 Person Household (Single)

1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 1 = 25% of cost	Monthly- \$0 - \$1,370	Monthly	\$8.25	\$14.50	\$19.50
	Annual- \$0 - \$16,430	Annually	\$99.00	\$174.00	\$234.00
1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
Tier 2 = 40% of cost	Monthly- \$1,371 - \$1,848	Monthly	\$13.20	\$23.20	\$31.20
	Annual- \$16,431 - \$22,181	Annually	\$158.40	\$278.40	\$374.40
1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
Tier 3 = 50% of cost	Monthly- \$1,849 - \$1,917	Monthly	\$16.50	\$29.00	\$39.00
	Annual- \$22,182 - \$23,002	Annually	\$198.00	\$348.00	\$468.00
1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
Tier 4 = 60% of cost	Monthly- \$1,918 - \$1,985	Monthly	\$19.80	\$34.80	\$46.80
	Annual- \$23,003 - \$23,824	Annually	\$237.60	\$417.60	\$561.60

18-49 Years - Income Levels and Membership Pricing 2 Person Household (Dual)

2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 1 = 25% of cost	Monthly- \$0 - \$1,850	Monthly	\$14.75	\$23.50	\$28.50
	Annual- \$0 - \$22,200	Annually	\$177.00	\$282.00	\$342.00
2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
Tier 2 = 40% of cost	Monthly- \$1,851 - \$2,498	Monthly	\$23.60	\$37.60	\$45.60
	Annual- \$22,201 - \$29,970	Annually	\$283.20	\$451.20	\$547.20
2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
Tier 3 = 50% of cost	Monthly- \$2,499 - \$2,590	Monthly	\$29.50	\$47.00	\$57.00
	Annual- \$29,971 - \$31,080	Annually	\$354.00	\$564.00	\$684.00
2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
Tier 4 = 60% of cost	Monthly- \$2,591 - \$2,683	Monthly	\$35.40	\$56.40	\$68.40
	Annual- \$31,081 - \$32,190	Annually	\$424.80	\$676.80	\$820.80

125 LIVE Membership Grants Program - 2026

Federal Poverty Guidelines for the USA and District of Columbia

The 125 LIVE Membership Grants Program provides the opportunity for adults with financial limitations to be a member of 125 LIVE and benefit from all the programming, resources, and tools that we have to offer. Supported memberships are obtained using a sliding fee scale (available online) to determine membership costs based on your verified income. Tiers are based on 25%, 40%, 50%, and 60% of standard monthly and annual membership pricing.

50+ Years - Income Levels and Membership Pricing					
1 Person Household (Single)					
1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 1 = 25% of cost	Monthly- \$0 - \$1,370	Monthly	\$7.00	\$13.25	\$17.00
	Annual- \$0 - \$16,430	Annually	\$84.00	\$159.00	\$204.00
1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 2 = 40% of cost	Monthly- \$1,371 - \$1,848	Monthly	\$11.20	\$21.20	\$27.20
	Annual- \$16,431 - \$22,181	Annually	\$134.40	\$254.40	\$326.40
1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 3 = 50% of cost	Monthly- \$1,849 - \$1,917	Monthly	\$14.00	\$26.50	\$34.00
	Annual- \$22,182 - \$23,002	Annually	\$168.00	\$318.00	\$408.00
1 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 4 = 60% of cost	Monthly- \$1,918 - \$1,985	Monthly	\$16.80	\$31.80	\$40.80
	Annual- \$23,003 - \$23,824	Annually	\$201.60	\$381.60	\$489.60

50+ Years - Income Levels and Membership Pricing					
2 Person Household (Dual)					
2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 1 = 25% of cost	Monthly- \$0 - \$1,850	Monthly	\$13.50	\$21.00	\$24.75
	Annual- \$0 - \$22,200	Annually	\$162.00	\$252.00	\$297.00
2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 2 = 40% of cost	Monthly- \$1,851 - \$2,498	Monthly	\$21.60	\$33.60	\$39.60
	Annual- \$22,201 - \$29,970	Annually	\$259.20	\$403.20	\$475.20
2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 3 = 50% of cost	Monthly- \$2,499 - \$2,590	Monthly	\$27.00	\$42.00	\$49.50
	Annual- \$29,971 - \$31,080	Annually	\$324.00	\$504.00	\$594.00
2 Person Household	Income Level	Cost Monthly or Annual	Membership Type		
			Social	Fitness	Social & Fit
Tier 4 = 60% of cost	Monthly- \$2,591 - \$2,683	Monthly	\$32.40	\$50.40	\$59.40
	Annual- \$31,081 - \$32,190	Annually	\$388.80	\$604.80	\$712.80



125 LIVE Membership Grant Application

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

PRIMARY MEMBER INFORMATION:

FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
STREET ADDRESS		CITY	STATE ZIP
PHONE NUMBER		E-MAIL ADDRESS	
EMERGENCY CONTACT NAME		PHONE NUMBER	RELATIONSHIP

SECONDARY MEMBER INFORMATION (IF APPLICABLE):

FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
STREET ADDRESS		CITY	STATE ZIP
PHONE NUMBER		E-MAIL ADDRESS	
EMERGENCY CONTACT NAME		PHONE NUMBER	RELATIONSHIP

MEMBERSHIP TYPE:

Please indicate your desired membership: <input type="checkbox"/> Social Membership Only <input type="checkbox"/> Fitness Membership Only <input type="checkbox"/> Social & Fitness Membership <small>*Membership grant rates are determined by the federal poverty guidelines and are updated at the beginning of each year and will be applied to individual billing.</small>	Please check at least one of the financial documents you are providing: <input type="checkbox"/> Most recent tax return (if applicable) <input type="checkbox"/> Social security/ disability letter detailing monthly amount received <input type="checkbox"/> State/ county assistance letter detailing monthly benefits received <input type="checkbox"/> Other (previous 3 months' pay stubs or bank statement) <input type="checkbox"/> Special financial circumstances letter (optional) <small>*Members must submit updated financial documents yearly following approval to be re-qualified.</small>
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PRIMARY MEMBER SIGNATURE:	DATE:
SECONDARY MEMBERS SIGNATURE:	DATE:

OFFICE USE ONLY:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	DATE: ____ / ____ / ____	Processed by: _____
<input type="checkbox"/> Code 1	<input type="checkbox"/> Code 2	<input type="checkbox"/> Code 3	<input type="checkbox"/> Code 4
<input type="checkbox"/> EFT (monthly)	<input type="checkbox"/> Documentation	<input type="checkbox"/> Account Flags	<input type="checkbox"/> Photo Taken
<input type="checkbox"/> Copy of Ins. Card	<input type="checkbox"/> TIVITY (SS/ Prime)	<input type="checkbox"/> ASHLink (Sil&Fit/ Act&Fit)	<input type="checkbox"/> Const. Contact
<input type="checkbox"/> Verified Military			
<input type="checkbox"/> Renew Active/One Pass (ADD to Healthy Contributions)			



125 LIVE Membership Grant Application

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

The 125 LIVE Membership Grant Program is designed to assist adults experiencing financial limitations in obtaining a membership at 125 LIVE. This confidential program provides individuals with limited financial resources the opportunity to access and benefit from the programs, activities, and fitness amenities available at 125 LIVE.

Who is Eligible for Membership Support at 125 LIVE?

The 125 LIVE Membership Grant Program is available to adults who qualify for financial assistance. The level of support provided is determined based on an assessment of the individual's monthly or annual income. A sliding fee scale is used to calculate the discounted membership rate, developed in alignment with federal poverty guidelines based on income.

Individuals who may not qualify solely based on financial criteria have the option to submit a letter of explanation outlining additional circumstances or barriers they face, as well as how a 125 LIVE membership would benefit them.

To be considered, applicants must be Minnesota residents and complete all required 125 LIVE membership paperwork, along with the Membership Grant Application. The program is available for all membership types, including social, fitness, or combined social & fitness memberships. Only one application may be submitted per year, and members are responsible for reapplying annually.

Required Membership Paperwork:

- Complete the 125 LIVE Membership Agreement and Member Information forms
- Complete the 125 LIVE Membership Grant Application
- Provide proof of MN State residency (e.g., driver's license, passport, or utility bill)

Financial Documentation (provide at least one, in order of priority):

- Most recent tax return (if applicable)
 - If you are not required to file taxes due to income level, you may submit one of the alternative documents below
- Social Security or Disability award letter showing monthly or annual benefits
- State or county assistance letter outlining monthly or annual benefits
- Pay stubs from the prior 3 consecutive months
- If unemployed and unable to provide the above, you may submit bank statements from the past three months along with a letter of explanation
- *Optional* – Letter of explanation for special financial circumstances

Submission Process:

- Submit all completed paperwork to the Membership Services Desk
- You will be notified of your eligibility status within 3 business days
 - Please watch your email and check voicemail
- Applicants must reapply annually with updated financial documentation
- The \$50 enrollment fee is waived for those who qualify for a Membership Grant.

Please Note:

- Membership Grants may be revoked if a recipient does not adhere to 125 LIVE's rules, regulations, and policies. Any violations may result in immediate termination status, and the individual will be ineligible to reapply for the Membership Grant Program for one year following the violation



New Member Agreement

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

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

(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

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 # _____

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**

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

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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?** YES NO 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