Prime Health

NIHCA
National Independent Health Club Association

Member Name _____ Member ID#_____

Date of Birth _____/_____ /_____ Gender: M F E-Mail _____

Address _____

City _____ State_____ Zip _____

Cell _____ Fitness Center Barcode _____

Member Authorization of Credit:

Type of Account:

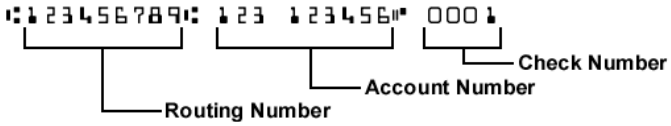
☐ Checking **(attach voided check below)**

or

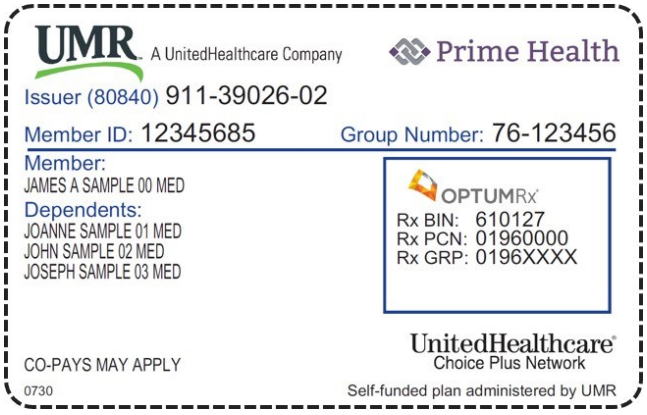
☐ Savings **(attach savings deposit slip below)**

Routing Number: _____

Account Number: _____



Sample Card



For Fitness Center Use ONLY: ☐ **New Enrollment** ☐ **Change in Insurance/Employer Info** ☐ **Change in Bank Account Info**

Fitness Center Name _____ Club #_____

Fitness Center Member_____ Monthly Average Dues $_____

Member Initials:

_____ A. I understand I must work out at the fitness facility named above twelve (12) days per calendar month to receive up to a $20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming.

_____ B. I understand there will be a period of time between the completed month and the applied credit. Example: Member works out in January, verified in February, credit applied to account by the end of February.

_____ C. I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.

_____ D. I understand that canceling my fitness center membership may result in forfeiture of any unapplied credits. All applied cred its will be reimbursed to the terminated member(s).

_____ E. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout; one workout per day.

I understand the above statements and authorize the above fitness center to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above fitness center to discontinue the electronic deposit of funds.

Signature _____ Date _____/_____/_____

PLEASE ATTACH VOIDED CHECK HERE.

IMPORTANT: If at any time your information changes, please update the fitness center or go online to NIHCArewards.org to ensure your profile is accurate.