

**PreferredOne
Enrollment Form**



PreferredOne®

Member Name _____

Account ID# _____ Member ID# _____

Date of Birth ____/____/____ Gender: M F

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

For Fitness Center Use ONLY: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Insurance/Employer Info <input type="checkbox"/> Change in Bank Account Info		
Fitness Center Name _____	Club # _____	
Fitness Center Member _____	Monthly Average Dues \$ _____	

Member Initials:

____ A. I understand each adult must work out at the fitness facility named above twelve (12) days per calendar month to receive the up to \$20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. Each adult can qualify for a monthly credit of up to \$20; only 1 workout per day is counted

____ B. I understand there will be a period of time between the completed month and the applied credit. Example: work out 8 days 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 membership will result in forfeiture of any unapplied credits.

____ E. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.

Signature _____

Date ____/____/____

