UCare
Enrollment Form

National Independent Health Club Association

UCare

UCare ID# **00**_____ (11 Digits Total)

Name (**Exactly as it appears on the *UCare for Seniors* member card)**

First_____ Last_____ MI_____

Date of Birth (Required) _____/_____/19_____

Street Address_____ Suite/Apt._____

City_____ State_____ Zip_____ Daytime Phone_____

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 $_____

UFS Member UCare ID# 00_____

Member Initials:

_____ A. I understand that there is a limit of one $20 monthly credit per member. I also understand my workout must happen inside the facility and/or within that facility's supervised programming.

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

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

_____ 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 _____ /_____ /_____

Member Authorization of Credit:

Type of Account:

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

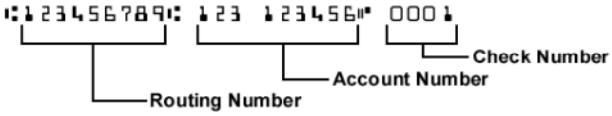
☐ Savings **(attach savings deposit slip below)**

Routing Number: _____

Account Number _____

Example of UCare ID Card

IMPORTANT: A photocopy of the UCare ID card is required with this enrollment form. If at any time your UCare information changes, please update the fitness center to ensure credit application. Thank you.



I authorize the above fitness center and Vanco Services, LLC to process credit entries to the account indicated above. This authorization will remain in effect until I notify the fitness center to discontinue the electronic deposits of funds.

Signature _____ Date _____ /_____ /_____

PLEASE ATTACH VOIDED CHECK HERE.