



UCan! UCare Activity Network

PARTICIPATION FORM

UCare I.D.# 000 (11 digits total)

Anytime Fitness ID # _____

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 _____

Second participating adult (ONLY if this UCare for Seniors member shares a dual/family health club membership with the member listed above. Dual memberships are not available at all club locations.):

UCare I.D.# 000 (11 digits total)

Anytime Fitness ID # _____

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

First _____ Last _____ MI _____

Date of Birth (required) _____ / _____ /19_____ Daytime Phone _____

UCare members: Indicate that you understand and agree to the following statements by initialing each line below:

- _____ A. I understand that there is a limit of one \$15 monthly dues reduction per member.
- _____ B. I understand the reduction issued cannot exceed the total monthly health club membership for the month in which the reduction is applied.
- _____ C. **I understand that it may take up to two months to begin receiving my health club dues reduction. For example, if you sign up in January, your club membership would be verified in February, and the dues reduction would be credited in March.**
- _____ D. I understand that canceling my health club membership will result in forfeiture of any unapplied dues reductions.

Signature _____

Health club use only:

Date _____ / _____ / _____ Health club member since date _____ / _____ / _____

Health club name _____ Health club # _____

UFS member UCare I.D. # (#1) 000 Average monthly dues _____

UFS member UCare I.D. # (#2) 000 Average monthly dues _____