



UCan! UCare Activity Network

PARTICIPATION FORM

UCare I.D.# 000 YMCA Member Barcode # _____

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

First _____ Last _____ MI _____

Gender M F Date of Birth (required) _____ / _____ /19_____

Street Address _____ Suite/Apt. _____

City _____ State _____ Zip _____ Home Phone _____

E-mail address _____

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

UCare I.D.# 000 YMCA Member Barcode # _____

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

First _____ Last _____ MI _____

Gender M F Date of Birth (required) _____ / _____ /19_____

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

E-mail address _____

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

_____ A. I understand that each UCare for Seniors member must visit a participating YMCA and work out eight (8) times per calendar month to receive the \$20 reduction in monthly YMCA membership fees. Limit one \$20 monthly dues reduction per member meeting attendance criteria.

_____ B. I understand the reduction issued cannot exceed the total monthly YMCA membership for the month in which the reduction is applied.

_____ C. I understand there will be about a two-month period between the completed month of attendance and the applied dues reduction; e.g., work out eight times in February; this is verified and processed in March; and the reduced monthly fee is applied in April.

_____ D. I understand that canceling my YMCA membership will result in forfeiture of any unapplied dues reductions.

_____ E. I understand that my monthly YMCA membership fee must be paid through EFT (electronic funds transfer) from checking, savings, or credit card to participate in the program.

_____ F. I understand that it is each member's responsibility to ensure that his or her visit is recorded by the YMCA at the time of the visit. Check with your YMCA to determine which YMCA location(s) you must visit to be eligible.

Signature _____

YMCA office use only:

Date _____ / _____ / _____ YMCA member since date _____ / _____ / _____

YMCA name _____ YMCA # _____

Membership type: Adult _____ Dual _____ Family _____ Other _____

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

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



UCan! Health Club Dues Reduction Chart

A qualifying member may sign up for the dues reduction program at any time. To be eligible for reimbursement, the member must work out eight times in a calendar month. The dues reduction schedule is as follows:

Meets the requirement of 8 days of workouts in the calendar month	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>
Eligibility verified and submitted	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>
Reimbursement posted to member's account, reducing the drafted amount	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>	<i>February</i>