

South Country Health Alliance
BeActive™
Enrollment Form



Name of SCHA Member _____

SCHA Member ID# _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

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

Member Initials:

- _____ A. I understand I must have a paid gym membership and workout zero (0) to four (4) days* per calendar month to receive up to \$20 credit towards my health club monthly membership fee. I also understand my workout must happen inside the facility and/or within that facilities' supervised programming. Only one workout per day qualifies.
- _____ 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 health club account in March.
- _____ C. I understand the credits issued cannot exceed the total monthly membership fees for the month the credit is applied.
- _____ D. I understand that canceling my membership will result in the loss of any unapplied credits. All applied credits will be reimbursed, by the health club, to the out-going member.
- _____ E. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.

Signature _____ Date ____ / ____ / ____

*The four (4) days requirement applies to members enrolled in MSC+, SingleCare and SharedCare . There is no minimum requirement for members enrolled in SeniorCare Complete or AbilityCare. However, all members are asked to record their attendance at their health club for each workout completed.

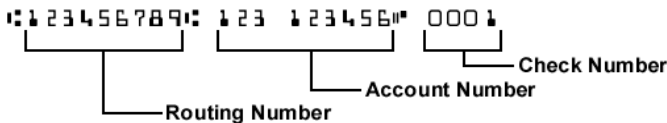
Member Authorization of Credit:

Type of Account:

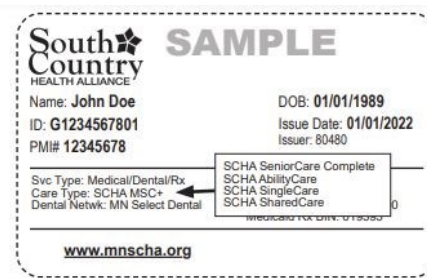
- Checking (**attach voided check below**)
- Savings (**attach savings deposit slip below**)

Routing Number _____

Account Number _____



Sample SCHA Card:



IMPORTANT:
 A photocopy of your member ID card is required with this enrollment form. If at any time your member ID card information changes, please update the health club to ensure credit application.

I authorize the above health club to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above health club to discontinue the electronic deposits of funds.

Signature _____ Date ____ / ____