



REACTIVATION FORM

All information below must be completed in order for this form to be processed.

Name: _____ Account #: _____

Current **local** address: _____

Local phone number: _____

Effective date of membership **reactivation**:: _____

MONTHLY MEMBERSHIPS: A **\$25.00 reactivation fee** (subject to change) as well as the **monthly fee** (will be prorated based on reactivation date) must be paid at time of reactivation. EFT drafting will resume with the following month dues for those enrolled.

ANNUAL MEMBERSHIPS: **No reactivation fee** (subject to change) applies. Membership expiration date will be adjusted by the length of the hold period **in monthly increments only**. *No credit will be issued for any hold period and/or portion of hold period that is less than 4 weeks.*

 Signature

 Wellness Staff Signature

By signing this form, member understands and agrees to the reactivation policy as outlined above.

Wellness Staff Use Only	
Monthly Memberships:	
Reactivation fee:	_____
Monthly amount:	_____
Total amount paid:	_____
Cash _____	Check _____
Credit Card _____	EFT: Y or N
<small>(If EFT: confirm info in computer or have mbr fill out form)</small>	
Annual Memberships:	
Months remaining on annual:	_____
New expiration date:	_____