

**Briggs Wellness Center**  
 399 Ninth St N., Naples, FL 34102  
 PH: (239) 624-2750 - Fax: (239) 624-2751  
 WellnessEnrollments@nchmd.org



**Whitaker Wellness Center**  
 2330 Immokalee Rd., Ste 1, Naples, FL 34110  
 PH: (239) 624-6870 Fax: (239) 624-6871  
 WellnessEnrollments@nchmd.org

**NCH WELLNESS & FITNESS CENTERS REACTIVATION FORM**

Please print the name of each individual reactivating:		Is your membership deducted from your payroll? (yes/no) Company Name:
1.		
2.		Will you be renting a locker? (yes/no) Locker #:
<b>LOCAL ADDRESS</b>		<b>PHONE</b>
		<b>EMAIL</b>

**I acknowledge and agree to the following terms and conditions outlined in this Reactivation form with my signature below:**

- Members are required to check in and out by swiping their scan card each visit. \$10.00 replacement fee for scan cards.
- A profile picture is required for all members.
- Hold notifications must be in writing and this Reactivation form serves as notice that member is aware of and agrees to NCH Wellness hold policy requirements upon reactivating membership.

**Monthly Membership**

- A \$25.00 reactivation fee will be charged for EACH monthly membership being reactivated from a hold status.
- Monthly members may pay for membership with a credit card on file or the dues can be drafted from a checking account. An EFT Form is required for both methods.
- Monthly members may not place memberships on hold prior to the first full month's billing cycle. Monthly members must pay any outstanding balances prior to the hold status going into effect. Hold must be for a minimum of 4 or more weeks.

**Annual Membership**

- Reactivation fees are waived for annual memberships.
- Annual lockers will receive remaining locker time upon reactivation.
- Annual memberships placed on hold for more than 12 months will be automatically cancelled. If an annual hold exceeds 12 months, the time remaining is forfeited. Hold must be for a minimum of 4 or more weeks.
- Annual memberships are non-refundable.

**By signing this form, member(s) understands and agrees to all terms and conditions outlined above.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Wellness Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Staff Use Only Below:**

	Annual Calculations:				Monthly Fees:	
	Client	1.	2.	Locker	React.	\$ + \$
Check EFT/CC + Forms less than 3yrs old						
Update address, phone, & email					Prorated	\$ + \$
Take members photo	Time Remaining				Locker	\$ + \$
Check for Bad Debt					Total Paid Today	\$
<b>A:</b> use calculator to determine new exp. date based on time remaining	New Expiration					
Add user group & link spouse	<b>NOTES:</b>					
Verify student/corporate status documentation (credits/badge/etc.)						
<b>M:</b> Charge prorated dues + react fee						