



Vitality Enrollment Form

PLEASE PRINT CLEARLY

Date: _____ Life Time Fitness Facility: _____

Member Name: _____

Telephone Number: _____

(Please use the phone number used to establish membership)

Life Time Fitness Member Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Members Enrolling Into Program:

Vitality ID #:

Dependent #:

Sally ExampleName

DYI12345

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Initial:

- _____ A. I understand Life Time Fitness does not administer the subsidy. I will be charged in full for my monthly membership dues by Life Time Fitness.
 - _____ B. I understand that it is each adult's responsibility to ensure that their visit is recorded at the time of their workout.
 - _____ C. I understand Life Time Fitness does not determine eligibility, the attendance requirement, the amount reimbursed or any other rules and/or policies of this program. If I have questions or concerns regarding my eligibility, my attendance requirement, the amount I am reimbursed or any other rules and/or policies, I must contact Vitality.
 - _____ D. I have provided a photocopy of my most recent Vitality ID card to accompany this enrollment form.
- ** Do not forget to register for the monthly EFT subsidy with Vitality and Vanco at www.powerofvitality.com.

Member Signature: _____

Date: _____