



# 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):

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 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>