



Yearly Membership Registration Form

Payment due at time of registration

PARTICIPANT INFORMATION

Name: _____ Date: _____
Last First Middle Initial

Address: _____
Street Address Apartment / Unit #

_____ City State Zip Code

Phone: _____ Email: _____ Birthdate: _____

Emergency Contact: _____ Phone: _____

Are you a Passavant Resident? Yes No

Have you ever participated in a wellness program at Passavant Community before? Yes No

Are you interested in volunteering at Passavant Community? Yes No

ANNUAL MEMBERSHIP INFORMATION

Members Benefits	Residents	Community
ASPIRE Wellness Program membership	FREE	\$150
Fitness Center membership	Included	50% off (ask if your insurance covers this for free)
ASPIRE Wellness Classes	Unlimited	3
Additional ASPIRE Class Discount	Included	25%
Invitation to Special Events	Yes	Yes
Wellness Assessment	Quarterly	Quarterly
Personalized Wellness Plan	Quarterly	Quarterly
Be Well Loyalty Card	Yes	Yes
1 daily free drink at the Bistro	Yes	Yes





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To be completed by ASPIRE Wellness Team

Date Received

Received By

Total Payment Received

Cash / Check #

Membership #

Enrollment Completed By

Added to Roster? Yes No