



# Yearly Membership Registration Form

Payment due at time of registration

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Last                                      First                                      Middle Initial

Address: \_\_\_\_\_ Apartment / Unit # \_\_\_\_\_  
                     Street Address

\_\_\_\_\_ 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





## Yearly Membership Registration Form

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