



# THE OPTIMAL YOU FITNESS FACILITY MEMBERSHIP UPDATE FORM

Please check the appropriate box below:

Enroll

Cancel

Change Type of Membership

Remove Member(s)

## EMPLOYEE INFORMATION

LAST NAME		FIRST NAME	
EMPLOYEE ID NUMBER	WORK PHONE EXTENSION	MAIL CODE	DEPARTMENT NUMBER

**TYPE OF MEMBERSHIP** (select one)

Individual

Family

Spouse's Name \_\_\_\_\_

Dependent's Name \_\_\_\_\_

Dependent's Name \_\_\_\_\_

Dependent's Name \_\_\_\_\_

Dependent's Name \_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return the completed and signed form to the Optimal You Fitness Facility at 14-1N.