



Action Center

Employee Member
Please Print

Applicant

Birth Date

Home Address

Phone

City

State

Zip

Soc. Sec. No.

Department

Work Phone

Badge Number

1. What most influenced your decision to join the Action Center?

2. Have you ever been a member of a health club? ☐ Yes ☐ No

If yes, what facility? _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Signature of Applicant: _____ **Date:** _____

Complete and send through interdepartmental mail. Attn: Manager of health and fitness, Healthpark.