Fitness Center Membership Renewal – USAID FY17

Name: _____
(Last) (First) (MI)

Member #_____ Work E-mail:_____

Work Phone: _____ Emergency Point of Contact _____Phone:_____

Circle One: Direct Hire / Contractor

AGREEMENT

I hereby certify that I am an eligible candidate for membership by virtue of my position as a direct hire civil servant or otherwise eligible as determined by the criteria established by the governing Agencies. _____ [Applicant's Initials]

RULES AND REGULATIONS

I have read and had the opportunity to ask questions about the rules and regulations of the Ronald Reagan Building Fitness Center _____ [Applicant's Initials]. I agree to abide by ALL of the rules and regulations of the facility _____ [Applicant's Initials]. I understand that I run the risk of losing my fitness center membership if I do not follow ALL rules and regulations _____ [Applicant's Initials].

No Screening Expiration Date: _____

I hereby certify that medical health has not changed since I was originally screened and in the event that it does I will notify the staff immediately _____ [Applicant's Initials]

Signature: _____ Date: _____

Staff Initials: _____