



Club Application

APPLICANT INFORMATION

(TO BE ELIGIBLE, please attach a copy of legal certification or proof of legality of the business; this may be a tax form)

Business Name:

EIN:

Physical Address:

Office/Suite Number:

City, State

Zip

Mailing Address: If different from physical address.

Office/Suite Number:

City:

State:

Zip

Type of Business: (i.e. LLC, Sole Prop., Nonprofit)

Date Established:

_____/_____/_____

Owner's Name:

Facility Manager's Name:

Name of he/she managing this partnership:

Business' Phone Number:

Email:

(_____) - _____ - _____

Website:

Number of Current Employees To Date (If self-employed with no other employees, write 1):

In size 12, Arial, double spaced font, please provide a brief letter of the business, it's mission, it's services available and any special equipment, and why the business would be an asset to Health Possible Inc.. Please give a detailed description of the location's accessibility and any cleaning staff or services done in the facility (for example, having a maintenance and/or cleaning crew for a number of hours per day vs. outsourcing). Answer needs to be from 300-500 words.



LIABILITY/INSURANCE

(Please attach a copy of proof of all insurance and/or liability coverage)

Insurance Provider:

Date Insured: From

To:

Policy ID/Number:

Agent Name:

Insurance Address:

City

State:

Zip:

Phone Number:

Agent Email:

(____) - ____ - _____

Agent Phone Number:

(____) - ____ - _____

Number of [this facility's] Club Members (Round to the nearest 100):

Membership Rates:

_____, _____, _____, _____

List of Health & Fitness Services: (i.e. physical therapist, massage therapist, chiropractic, group classes)

Health & Fitness Service Rates (use same order as services listed above):

_____, _____, _____, _____, _____

Are you registered with IdeaFit?

Y

N

Do you provide your professionals with access to free continuing education?

Y

N

If Yes, how? _____