



Business Rewards Membership Application & Eligibility Form

Applicant Name: _____ Date: _____

1. Are you the owner or operator of a fitness facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What type of Facility do you currently operate? <input type="checkbox"/> Club <input type="checkbox"/> Yoga/Pilates Studio <input type="checkbox"/> Personal Training Studio		
<input type="checkbox"/> Other (Please specify): _____		
3. Registered Business Name: (business name under which you file GST/HST)		
4. How many locations operate under your Company Name?		
5- Do you employ staff or hire contractors?		
6. How many staff members do you employ?		
7. How many contractors work for you?		
8. Please provide your GST/HST #		

Business Information Head Office <input type="checkbox"/> Fitness Facility <input type="checkbox"/> Both <input type="checkbox"/>		
Owner's name:		
Business name:		
Business Address: Unit# / Bldg # / Floor - Street address		
City	Province	Postal Code
Business phone number:		
Business fax number:		
Business email address:		
<input type="checkbox"/> (received by owner) <input type="checkbox"/> (received by location manager) <input type="checkbox"/> (received by front desk/receptionist)		
Website		
Number of staff:		
Group Fitness staff: _____ Personal Trainers: _____ Mind Body (Yoga, Pilates): _____ Aqua: _____		
Program directors: _____ Front desk: _____ Massage therapists: _____ Nutritionists: _____		
Other (please list): _____		

Additional Locations:

(Please provide the information below for each of your locations. Please provide additional typed pages if necessary.)

Location (2) Manager's name:
Location (2) Business name:
Location Business Address: Unit# / Bldg # / Floor - Street address
City
Province
Postal Code
Location Business phone number:
Location Business fax number:
Location Business email address:
<input type="checkbox"/> (received by location manager) <input type="checkbox"/> (received by front desk)
Location Website
Number of staff: Group Fitness staff:_____ Personal Trainers:_____ Mind Body (Yoga, Pilates):_____ Aqua:_____
Program directors:_____ Front desk: _____ Massage therapists:_____ Nutritionists:_____
Other (please list):_____

Location (3) Manager's name:
Location (3) Business name:
Location Business Address: Unit# / Bldg # / Floor - Street address
City
Province
Postal Code
Location Business phone number:
Location Business fax number:
Location Business email address:
<input type="checkbox"/> (received by location manager) <input type="checkbox"/> (received by front desk)
Location Website
Number of staff: Group Fitness staff:_____ Personal Trainers:_____ Mind Body (Yoga, Pilates):_____ Aqua:_____
Program directors:_____ Front desk: _____ Massage therapists:_____ Nutritionists:_____
Other (please list):_____

Location (4) Manager's name:
Location (4) Business name:
Location Business Address: Unit# / Bldg # / Floor - Street address
City
Province
Postal Code
Location Business phone number:
Location Business fax number:
Location Business email address:
<input type="checkbox"/> (received by location manager) <input type="checkbox"/> (received by front desk)
Location Website
Number of staff: Group Fitness staff: _____ Personal Trainers: _____ Mind Body (Yoga, Pilates): _____ Aqua: _____ Program directors: _____ Front desk: _____ Massage therapists: _____ Nutritionists: _____ Other (please list): _____

Location (5) Manager's name:
Location (5) Business name:
Location Business Address: Unit# / Bldg # / Floor - Street address
City
Province
Postal Code
Location Business phone number:
Location Business fax number:
Location Business email address:
<input type="checkbox"/> (received by location manager) <input type="checkbox"/> (received by front desk)
Location Website
Number of staff: Group Fitness staff: _____ Personal Trainers: _____ Mind Body (Yoga, Pilates): _____ Aqua: _____ Program directors: _____ Front desk: _____ Massage therapists: _____ Nutritionists: _____ Other (please list): _____