

# CORPORATE

# MEMBERSHIPS



**Athabasca Regional Multiplex Fitness & Aquatic Centre**  
**#2 University Drive, Athabasca, Alberta T9S 0A3**

**Tel: 780-675-2967**

**Toll Free 1-844-901-1587**

## Join our Corporate Membership Discount Program!

Do you want to reduce illness, sick days, and absenteeism, boost your organization's productivity, and invest in your employee's health? Now's your chance to become part of the Athabasca Regional Multiplex Society's Corporate Membership Discount (CMD) Program.

Organizations with 5 or more employees interested in purchasing an adult 6 month or annual membership will receive 20% off the regular rates as part of the CMD program.

To get started, a Corporate Membership Discount Agreement needs to be completed and signed by a designated representative from the business/organization and returned along with a minimum of 5 employee membership applications. Once signed and the agreement is activated, employees can join any time!

Memberships cannot be transferred and cannot be combined with any other promotions or offers.

Organizations who fail to maintain the minimum requirement will lose discount privileges.

### Application Criteria

Each employee must present one of the following for proof of employment:

- a. Current paystub,
- b. Company ID card, or
- c. Letter from Employer confirming employment (*business cards not accepted*)

Contact the Athabasca Regional Multiplex Guest and Member Services department for more information at 780-675-2967.

## Corporate Membership Application Form

**There must be a minimum of 5 employee registrants to apply for the 20% Corporate Discount.**

### 1st Individual

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ P-Code: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 2nd Individual

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ P-Code: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 3rd Individual

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ P-Code: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 4th Individual

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ P-Code: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 5th Individual

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ P-Code: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### *Freedom of Information & Protection of Privacy Act*

*Your personal information is being collected under the authority of and pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act.*

Corporate Membership Discount Agreement

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

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1. Our organization has approved and understands the Corporate Membership Discount (CMD) applies to our employees only. Employee family members are not eligible.
  2. Athabasca Regional Multiplex Society agrees to provide our organization with a 20% discount on an adult 6 month and annual memberships, based on continued membership of at least 5 employees having a valid membership throughout the agreement.
  3. Our organization will identify an authorized designate who will be the contact for the Athabasca Regional Multiplex Society should there be questions or concerns regarding their employees or eligibility.
  4. Our organization understands that the Corporate Membership Discount Agreement cannot be combined with any other promotion or membership.
  5. Along with the Corporate Membership Application Form, the Athabasca Regional Multiplex Society will require one of the following forms of identification from your employees:
    - Current paystub
    - Company ID card
    - Letter from Employer confirming employment (*business cards not accepted*)
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Organization Authorized Designate Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

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***Please return this form to the Athabasca Regional Multiplex Society  
care of: General Manager, Rhonda Alix.***

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Freedom of Information and Protection of Privacy Act.*