

Unity Health and Fitness

904 E. 4th Ave

Milbank, SD 57252

Applicants must provide the names and birth dates of family members to whom this application applies:

Applicant's monetary contribution to Unity Health and Fitness financial assistance membership:

Date of Application: _____

Address: _____

City, State, Zip: _____

Phone
Number: _____

I have read and understand this application for financial assistance for membership at Unity Health and Fitness

Applicant's
Signature: _____

Approved by Unity
Director: _____

Date of
Approval: _____

Unity Health and Fitness

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Application and Acceptance of Financial Assistance

Financial Assistance for membership to Unity Health and Fitness is given through the Milbank Community Foundation, Grant County Combined Appeal, Kiwanis Club, KMSD, Pepsi America and many other generous individuals. The assistance is for a (6) six-month period and expires after that time. To extend the period of financial assistance a new application must be completed and approved by Unity Health and Fitness. Please stop in and fill out a new application (1) one month prior to the expiration of your membership to keep your membership going without delay. There is no guarantee that an application will be approved for additional time periods. Applications are subject to the same policies as regular members and memberships may be revoked if the applicant's share is not paid or if false misleading information was given at the time of application.

I am eligible for and receive:

_____ SSI (Provide a copy of card)

_____ Low Income (Provide a copy of tax return and current wage statement)

_____ Other (Explain / use additional paper if necessary)
