



Adult Fitness Membership Reimbursement Criteria

PURPOSE:

This fund is in place for the period of October 1, 2022 – March 31, 2023 to assist adult band members to support personal fitness memberships. This is due to the fitness centre being closed for this winter as, the building is not accessible due to some issues within it.

The Adult Fitness Reimbursement will be granted up to a **maximum of \$50 per month** from October 1, 2022 – March 31, 2023 for each adult who is a registered member Nipissing First Nation.

PROCESS:

Requests for reimbursement must include the **detailed receipt/invoice** outlining the cost for the membership and submitted to brandief@nfn.ca. All requests will be considered using the following criteria:

1. Receipt must indicate the band member's name, fitness business/organization information (address contact details), and amount paid for the membership.
2. Application forms for the Fitness Membership Reimbursement Fund will be required for all requests.
3. The request must be sent to the health centre – brandief@nfn.ca
4. To be eligible the band member's age must be 18 years of age and older.
5. Band members must first pay the membership fee and then submit receipt for reimbursement.

Eligibility Criteria

1. Applicant must be a registered member of Nipissing First Nation
2. Specific to monthly fitness centre memberships (ie. goodlife, fit4less, ymca, etc...)
3. Original receipts are required to apply
4. If there is a family membership, the amount will be divided by the number of people (must be listed on invoice) in the family and the amount for one portion of that will be reimbursed

Checklist for Applicants

Please complete the checklist below and return the form and supporting documentation to the Recreation Department.

- NFN band member has completed all sections and signed the application form
- Detailed Costs or Receipts which identify applicants name on the invoice/receipt

Adult Fitness Membership Application

Applicant Details:

Details of Band Member

Name:		Band Number:	2200 _ _ _ _ _
-------	--	--------------	----------------

Address:

Phone Number:

Email:

Date of Birth:

Proposed Costs & Financing

Costs

Membership Fee Total \$

Payable to:

Name:

- Direct Deposit (are you set up for this in NFN Finance Dept?)
- Cheque

Consent/Permission

By signing, I am aware and I agree to the criteria of the Adult Fitness Membership Reimbursement Fund?

Name: _____

Signature: _____

Date: _____