

**Independent Health Club Association  
(NIHCA)**

*A non-profit Corporation*

**Activation Form**

Club Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Payment type: (circle one)  
Check      Credit Card

Web site address:  
\_\_\_\_\_

Amount enclosed \_\_\_\_\_ (amount due: \$99)

(Circle one):      Visa              Mastercard              Discover

American Express

Card number:

\_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_

*Indemnification: By its signature below, the above Club ("Indemnitor" agrees to indemnify and hold the NIHCA and participating HMO's ("Indemnitees") harmless with respect to any claims or actions instituted by third parties that result from the use of Indemnitor's services or facilities, including any claims for death, personal injury or property damage, deceptive trade practices, or the use or misuse of information provided by Indemnitees.*

Signature of Above Named Club \_\_\_\_\_

Date \_\_\_\_\_

**Fax back to 651.554.9935**

400 10th Street N.W., New Brighton, MN 55112, Ph. 651-554-9416