# Skuppah Indian Band

# Adult Fitness Membership Reimbursement Fund

### **PURPOSE:**

This limited fund is in place for the period of April 1, 2022 – March 31, 2023 to assist band members to support personal fitness memberships.

The Fitness Membership Reimbursement will be granted up to \$50 a month for a *maximum of \$250 per year* from April 1, 2022 – March 31, 2023 for each adult who is a registered member of Skuppah Indian Band until this fund is expended.

#### PROCESS:

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

- 1. Receipts 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 department skuppahhealth@skuppah.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.
- 6. Each year there will be a total of \$5,000 available to this fund. Applications will only be accepted if there are funds remaining.

#### **Eligibility Criteria**

- 1. Applicant must be a registered member of Skuppah Indian Band
- 2. Specific to monthly fitness centre memberships (ie. Planet fitness, Club 16, Anytime Fitness, YMCA, etc...)
- 3. Original receipts are required to apply
- 4. If there is an adult 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 (ie. Membership for a family which includes non registered members will be divided by the total in the family and reimbursement will be for those who qualify under this policy). For child recreation fees please refer to the Recreation Reimbursement Policy.

## **Checklist for Applicants**

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

Skuppah	band m	nem	ber has co	mpleted all sections and signed the application form
Detailed	Costs	or	Receipts	which identify applicants name on the invoice/receip

In the event of an exceptional request, the request will be brought to the attention of Skuppah Band Council for consideration.

Adult Fitness Membership Application

	Adult Fitness	iviempers	snip Application
Applicant Details:			
Name:			Rand Number: 707
Mailing Address:		Email:	Band Number: 707
Proposed Costs & Financ	cing		
Costs			Payable to:
Membership Fee Total	\$		Name:
Additional instructions			
Consent/Permission			
Ry signing I am aware	and Lagree to the	e criteria of t	he Adult Fitness Membership Reimbursement Fund
by signing, run aware,	and rugice to the		The Addition of the Market Strip Neumbursement Fund
Name:		_	Signature:
			-
Date:			