



ACTIVATION FORM

Club Name _____

Physical Address _____

City _____ *State* _____ *Zip* _____

Mailing Address _____

City _____ *State* _____ *Zip* _____

Contact name: _____ *Title* _____

Club Phone # _____ *Club fax #* _____

Email _____ *Cell #* _____

Web site address: _____

Amenities of the club: _____

Processing Options: *Choose one*

Option A - Reimbursements are disbursed to the **member**.

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 to 320.722.0095

165 8th Avenue, Suite 1, Granite Falls, MN 56241
Ph. 866.484.9173 or 320.722.0084



PAYMENT INFORMATION

\$99 NATIONAL ANNUAL FEE
\$399 MN AND ND ANNUAL FEE

ACH (AUTOMATED CHECK) - PREFERRED

	Account Holder's Name: _____
	Routing Number _____
	Account Number: _____
	Payment: \$ _____
<p>I hereby authorize this payment to NIHCA in accordance with my selection above.</p>	
Signature: _____ Date: _____	

CREDIT CARD

(Circle one):	Visa	MasterCard	Payment \$ _____
Card number:	_____		
Expiration:	__/__/__	CVV#	____ (3 digit # on back of card)
Name on card	_____		Zip Code: _____
<p>I hereby authorize this payment to NIHCA in accordance with my selection above.</p>			
Signature: _____		Date: _____	

1. A service fee of \$20 will be charged for any billing errors that are a result of inaccurate billing information provided by the client, or payment being declined due to insufficient funds.
2. By choosing to make a monthly payment, you agree to a 12 month consecutive contract payable to NIHCA.
3. NIHCA reserves the right to charge late fees after 30 days overdue at the rate of \$20 per month.