



Roosevelt Fire District

POST OFFICE BOX No. 394

HYDE PARK, NEW YORK

(845) 229-8850

OFFICE OF THE CHIEF

MEMBER AGREEMENT

I have read and agree with all of the conditions set forth in the "Rules for Participating in the Physical Fitness Program."

I agree to pay the startup fee and the monthly costs to a certified gym program within a 15 mile radius of the Roosevelt Fire District boundary, each and every month by check or electronic means. I am fully aware that some gyms will only accept payment by electronic means. I also understand that after 6 months, if I complete the program as stated in the rules and have at least 10% response attendance I may submit a voucher to the Board of Fire Commissioners for reimbursement as stated in the rules.

I hereby give my permission to the representative of the Roosevelt Fire District to obtain records of my attendance in the gym program.

I am aware that for any month that I don't attend six times, or if my call response does not meet the standard, I will not be eligible to receive any reimbursement for the gym.

I hereby agree to the rules for participation, and method of payment contained herein.

DATED _____

FIREFIGHTER _____

WITNESS _____

BOARD MEMBER OR DISTRICT SECRETARY