



# PWYC Membership Referral Form

*Please complete this form and email to Cara at [mcinnic@halifax.ca](mailto:mcinnic@halifax.ca) from a professional (work-related) email address.*

Your name & organization: \_\_\_\_\_  
*name org.*

Your phone number: \_\_\_\_\_

Who are you referring? (if this is for a family membership, please see page 2):  
\_\_\_\_\_  
*name D.O.B*

Relationship to this person: \_\_\_\_\_

Reason(s) for referral: \_\_\_\_\_

Referee's address: \_\_\_\_\_

Please confirm the following with a check mark:

- I have discussed the "pay-what-you-can" aspect of this program with the person I'm referring. They understand they can pay anytime they like, any amount they like, and that their payment goes toward offering more community members access.  
The payment amount the person I am referring can pay each month: \_\_\_\_\_
- I have discussed this membership with my client and the expectations when holding this membership. We have discussed a plan for them to use the facility 2+ times per week. They understand this membership is active for one year from the activation date.
- My client understands the Zatzman Sportsplex rules and policies. They know if they have any issues with facility policies, that the Zatzman Sportsplex team may reach out to me, the referrer, for support.
- My client understands that their membership must be picked up, activated, and in use within one month of the certificate issue date. They also understand if their membership goes unused for two months, it may be swapped for another form of access (such as a punch card).
- My client understands they will have to provide a piece of photo I.D., a street address, and have their photo taken to activate their membership.
- My client has already set up an HRM MyRec account or will set one up before arriving to activate their membership (once approved).

My client does not have another membership to another HRM fitness centre.

Referrer signature & date: \_\_\_\_\_  
*signature date*

*Please provide 3-5 business days to process this referral. You will hear from Cara by email when this form is processed.*

If this is a family membership, please list all family members here. Please note, all family members must live in the same household and be immediate family.

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<i>name</i>	<i>D.O.B</i>	<i>relationship to primary membership holder</i>
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