



**NOAA Fitness Center**

**Member Request Form**

Name: \_\_\_\_\_

Federal Employee    Contractor    Retired    Spouse    Other

Work Phone Number: \_\_\_\_\_ Personal Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Location: \_\_\_\_\_

Please state the reason for your request (250 words maximum)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state the action you'd like the Board of Directors to consider (250 words maximum)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional documentation (if applicable)

*Member Request Forms received by the first Friday of the month will be submitted to the Board of Directors for consideration.*  
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FOR OFFICE USE ONLY:

Date Received:

Comments: