



THE PHILADELPHIA PUBLIC SCHOOL RETIRED
EMPLOYEES ASSOCIATION
5398 Wynnefield Avenue – Suite 201
Philadelphia, PA 19131
215-921-5056

2019 PPSREA FITNESS PROGRAM APPLICATION - STIPEND - \$60.00

NAME: _____ LIFE MEMBER #: _____
(FIRST) (LAST)

ADDRESS: (STREET) _____

CITY: _____ STATE: _____ ZIP: _____ TEL.#: () _____ - _____

FITNESS FACILITY WHERE YOU ARE ENROLLED: _____

TEL.#: () _____ - _____ DO YOU ATTEND TWO OR MORE TIMES PER WEEK: YES or NO **OR**
DO YOU EXERCISE WITH A PERSONAL TRAINER: YES or NO

EMAIL ADDRESS: _____

YOU MUST ATTACH TO THIS APPLICATION A COPY OF YOUR PAID RECEIPT SHOWING AT LEAST THREE CONSECUTIVE MONTHS OF PAID MEMBERSHIP IN 2019.

PLEASE HAVE AN ADMINISTRATOR FROM THE FACILITY OR A PERSONAL TRAINER SIGN BELOW.

I CERTIFY THAT _____ HAS PARTICIPATED IN A FITNESS PROGRAM FOR AT LEAST THREE MONTHS.

(FITNESS PROGRAM OFFICIAL) (TITLE) / / (DATE)

**PLEASE NOTE: MAIL THIS APPLICATION WITH YOUR PAID MEMBERSHIP RECEIPT TO:
FITNESS PROGRAM C/O STEVE KORSIN: 9733 CHAPEL RD. • PHILADELPHIA, PA • 19115**

NOTE:

APPLICATIONS MUST BE RETURNED BY: January 15, 2020 TO BE ELIGIBLE FOR THE 2019 STIPEND.
•Remember You Must BE A Life Member AND Enclose A Receipt From The Fitness Facility Or Personal Trainer.
•If your membership is paid by another program such as Silver Sneakers, you are NOT eligible for the stipend.