

# Lincoln

## Building Access Card Request Form

Card Number \_\_\_\_\_

Name \_\_\_\_\_

Business Name and Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

Does this person wish to have Health Club privileges? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, please have the employee execute the Health Club Membership/Liability Waiver Agreement.

Cardholder \_\_\_\_\_

Signature

Authorized Employer Representative \_\_\_\_\_

Signature