



# Prime Gym Nomination Form

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**Location Name**

**Contact First Name**

**Contact Last Name**

**Title within Fitness Center**

**Email**

**Street Address**

**City**

**State/Province**

**Zip**

**Phone**

**Return this completed form to:**

**Local 18 Benefit Service Center  
9500 Topanga Canyon Blvd  
Chatsworth, CA 91311**

**[Local18@mybenefitchoices.com](mailto:Local18@mybenefitchoices.com)**