

# 1-on-1 Weekly Membership Representative Action Plan



Membership Representative Name:

Manager Name:

Date:

Time:

Location:

## 1. Review of KPIs

| Metric               | Goal  | Current | Notes |
|----------------------|-------|---------|-------|
| Memberships Sold     | _____ | _____   | _____ |
| Closing Rate (%)     | _____ | _____   | _____ |
| Overdues             | _____ | _____   | _____ |
| Referrals Generated  | _____ | _____   | _____ |
| PT Upsells / Bundles | _____ | _____   | _____ |

## 2. Lead Management Review

Total Leads for the Month:

New Leads This Week: \_\_\_\_\_

Contacted Within 24 Hours by Rep: \_\_\_\_\_

Communication Cadence being Followed: Yes ☐ No ☐

Notes:

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## 3. Wins & Challenges

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## Wins

- \_\_\_\_\_
- \_\_\_\_\_

## Challenges

- \_\_\_\_\_
- \_\_\_\_\_

## 4. Skill Development

Focus Area This Week: \_\_\_\_\_

Observed Behavior: \_\_\_\_\_

Coaching Advice: \_\_\_\_\_

Practice/Roleplay Done: Yes ☐ No ☐

Role Play Topics: \_\_\_\_\_

## 5. Goals for Next 1–2 Weeks

| Goal  | Due Date | Support Needed | Status  |
|-------|----------|----------------|---|
| _____ | _____    | _____          | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress |
| —     | —        | —              | <input type="checkbox"/> Done   |
| _____ | _____    | _____          | <input type="checkbox"/> Not Started <input type="checkbox"/> In Progress |
| —     | —        | —              | <input type="checkbox"/> Done   |

## 6. Accountability & Follow-Up

Previous Goals Met: Yes ☐ No ☐

Action Items Before Next Meeting:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 7. Feedback

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**Rep:**

What support do you need from your manager?

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**Manager:**

Feedback or encouragement:

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**Next Meeting Date:** \_\_\_\_\_

**Topics to Review:** \_\_\_\_\_