

http://www.unmc.edu/cfhl
located at 3908 Jones Street

Affiliated Membership

New members only: We'll need to take a photo to make a membership card.



	RATE	Use of all equipment and fitness classes included in membership
Single	\$30.00 per month	
Dual	\$50.00 per month	

NEW Sponsoring only, I won't be a member MALE FEMALE Sybase # _____

first name _____ middle name _____ last name _____ DOB (Required) _____
 () _____
 work phone # _____ work email _____ department name _____ campus zip code _____
 () _____
 home phone # _____ home address _____ city _____ state _____ zip _____
 emergency contact person _____ emergency contact relation _____ () _____ () _____
 emergency contact home # _____ emergency contact work # _____

Membership Type	Number of Months	Payment Fees	Affiliation
<input type="checkbox"/> Single <input type="checkbox"/> Dual (see reverse side) <input type="checkbox"/> Family (see attachment) <input type="checkbox"/> Change Sponsored Members (see reverse side) Start _____ End _____	<input type="checkbox"/> Ongoing (>12 months) <input type="checkbox"/> 12 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 1 Month <input type="checkbox"/> Other # of Months _____	<input type="checkbox"/> _____ x _____ Months Rate Cash / Check \$ _____ <input type="checkbox"/> Locker \$ _____ 1-\$5.00 3-\$10.00 6-\$20.00 12-\$30.00 <input type="checkbox"/> Towel \$ _____ 1-\$5.00 3-\$10.00 6-\$15.00 12-\$20.00 <input type="checkbox"/> Towel \$ _____ (Sponsored Member) <input type="checkbox"/> Towel Activity entered <input type="checkbox"/> TOTAL \$ _____ No Payroll Deduction available	<input type="checkbox"/> Clarkson College Employee <input type="checkbox"/> Charlie Graham Auto Employee <input type="checkbox"/> Community Alliance Employee <input type="checkbox"/> Health & Wellness Club (Senior Members) <input type="checkbox"/> Metro Credit Union Employee <input type="checkbox"/> Midwest Eye Care Employee <input type="checkbox"/> Nebraska Aids Project Employee <input type="checkbox"/> Red Cross Employee <input type="checkbox"/> UNO Employees & Alumni <input type="checkbox"/> V.A Medical Center Employee <input type="checkbox"/> Other _____ specify _____

Contract Agreement

I understand this is a binding contract and that I must pay the full amount of the membership for the number of months I indicated above. I understand I need a doctor's slip (stating I am unable to continue my exercise program) to be released from my contract.

Signature

Date

Payroll Deduction Authorization

I hereby authorize the my employer to deduct membership fees from my paycheck for the total amount of my and or my sponsored member's membership fees. Upon leaving my above mentioned employer, I understand any cards used to access the facility (ID or CFHL membership cards) will be voided. I understand that I am liable for the full amount of the membership, which may require deducting any remaining unpaid portion from my last paycheck.

Employee Signature

Date

OFC ONLY DB Odyssey PAR-Q/Receipt Med-Clear Staff Initials _____ Date _____ Photo Staff Initials _____ Date _____

