

http://www.unmc.edu/cfhl

located at 3908 Jones Street - Student Life Building

## Employee/Retiree Membership

**UNMC / The Nebraska Medical Center / UNMC Phys / Employees, Volunteers, & Retirees**

Employees may not sponsor other employees. The CFHL verifies that sponsored members are not UNMC/NMC/UNMC Physician employees.				
Employees & Volunteers	1 MONTH CASH ONLY	3 MONTHS	6 MONTHS	12 MONTHS
Single	\$28.00	\$26 payroll deduct/month	\$22 payroll deduct/month	\$20 payroll deduct/month
		<b>\$78 cash total</b>	<b>\$132 cash total</b>	<b>\$240 cash total</b>
Dual	\$48.00	\$42 payroll deduct/month	\$38 payroll deduct/month	\$34 payroll deduct/month
		<b>\$126 cash total</b>	<b>\$228 cash total</b>	<b>\$408 cash total</b>
Family	\$53.00	\$48 payroll deduct/month	\$44 payroll deduct/month	\$40 payroll deduct/month
		<b>\$144 cash total</b>	<b>\$264 cash total</b>	<b>\$480 cash total</b>
Retirees/Retirees Dual <small>NMC, UNMC, U/Phys</small>	\$15.00/\$30.00	\$45/\$90 cash total	\$90/\$180 cash total	\$180/\$360 cash total

NEW    Sponsoring only, not 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	Term	<input type="checkbox"/> Payroll Deduct / Employer Membership Fees only	<input type="checkbox"/> Cash/Check Payment Cash Membership Fees+ Locker + Towel
<input type="checkbox"/> Single <input type="checkbox"/> Dual (complete reverse side) <input type="checkbox"/> Family (complete reverse side and add'l form if necessary) Membership Starts _____ Membership Ends _____ <b>Fitness Classes included in membership for all members</b>	<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 <b>No payroll deduct for 1 month membership or temp/casual employees</b>	<input type="checkbox"/> TNMC ( <b>Hospital</b> ) Employee (monthly rate / 2 <sup>nd</sup> Friday of month) <input type="checkbox"/> UNMC ( <b>University</b> ) Paid Monthly (monthly rate <i>last weekday of month</i> ) <input type="checkbox"/> UNMC ( <b>University</b> ) Paid Biweekly (half monthly rate <i>every other Thurs</i> ) <input type="checkbox"/> UNMC Physicians ( <b>Clinics</b> ) Employee (half monthly rate every other Thurs) send copy to Wendy Harris/zip 8095 ----- <b>HOSP / UNMC / CLINICS Payroll Office Only</b> Deduct starts: _____ ends: _____ Deduct each paycheck \$ _____	<input type="checkbox"/> Membership cash total \$ _____ <input type="checkbox"/> Locker rental \$ _____ <b>1-\$5.00 3-\$10.00 6-\$20.00 12-\$30.00</b> <input type="checkbox"/> Towel fee \$ _____ <b>1-\$5.00 3-\$10.00 6-\$15.00 12-\$20.00</b> <input type="checkbox"/> Subtotal \$ _____ <input type="checkbox"/> Fees (other side) \$ _____ <b>CASH/CHECK TOTAL \$ _____</b> (locker /towel fees are <b>cash only and cannot be payroll deduct</b> )

**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

**Employee Payroll Deduction Authorization**

I hereby authorize the Center for Healthy Living and UNMC/The Nebraska Medical Center/UMA (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 UNMC/ The Nebraska Medical Center / UMA, 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

# Sponsored Member #1 (Dual)



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

Sybase # \_\_\_\_\_

Dual Membership: Member + (1) adult

Please list primary member if different than employee on reverse side

Primary Member: \_\_\_\_\_

last name

first name

middle name

Sponsored by Membership Coordinator

Towel fees - 1(month)\$5.00 3(months)\$10.00 6(months)\$15.00 12(months)\$20.00

Towel Fees \$ \_\_\_\_\_

Locker fees - 1(month)\$5.00 3(months)\$10.00 6(months)\$20.00 12(months)\$30.00

Locker Fees \$ \_\_\_\_\_

Towel Activity added \_\_\_\_\_

NEW  DROP

MALE  FEMALE

Sybase # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **DOB (Required)**

( ) \_\_\_\_\_  
work phone #

\_\_\_\_\_  
work email

\_\_\_\_\_  
department name

\_\_\_\_\_  
campus zip code

( ) \_\_\_\_\_  
home phone #

\_\_\_\_\_  
home address

\_\_\_\_\_ city state zip

\_\_\_\_\_  
emergency contact person

\_\_\_\_\_  
emergency contact relation

( ) \_\_\_\_\_  
emerg contact home #

( ) \_\_\_\_\_  
emerg contact work #

**OFFICE USE ONLY** DB/Odyssey/Towel PAR-Q/Receipt Med-Clear Staff Initials \_\_\_ Date \_\_\_\_\_ Photo Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

# Sponsored Member #2 (Family)



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

Sybase # \_\_\_\_\_

**Family membership:** Member +(1) adult+ legal dependants 14-19 years. If a child is a *full time undergraduate* student, he/she may be included in a family membership through 22 years of age. Proof of full time college enrollment is required for family members 19- 22 years of age.

Please list primary member if different than employee on reverse side

Primary Member: \_\_\_\_\_

last name

first name

middle name

Sponsored by Membership Coordinator

Towel fees - 1(month)\$5.00 3(months)\$10.00 6(months)\$15.00 12(months)\$20.00

Towel Fees \$ \_\_\_\_\_

Locker fees - 1(month)\$5.00 3(months)\$10.00 6(months)\$20.00 12(months)\$30.00

Locker Fees \$ \_\_\_\_\_

Towel Activity added \_\_\_\_\_

NEW  DROP

MALE  FEMALE

Sybase # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **DOB (Required)**

( ) \_\_\_\_\_  
work phone #

\_\_\_\_\_  
work email

\_\_\_\_\_  
department name

\_\_\_\_\_  
campus zip code

( ) \_\_\_\_\_  
home phone #

\_\_\_\_\_  
home address

\_\_\_\_\_ city state zip

\_\_\_\_\_  
emergency contact person

\_\_\_\_\_  
emergency contact relation

( ) \_\_\_\_\_  
emerg contact home #

( ) \_\_\_\_\_  
emerg contact work #

**OFFICE USE ONLY** DB/Odyssey/Towel PAR-Q/Receipt Med-Clear Staff Initials \_\_\_ Date \_\_\_\_\_ Photo Staff Initials \_\_\_\_\_ Date \_\_\_\_\_