Membership Renewal With Changes

_____ CFHL Employee Name _____ Date

Member Name: _____ First _____ Middle _____ Last

_____ Daytime phone Number _____ E-Mail Address **Odyssey ID/Sybase #** 0 0 0 __ __ __ __ __ __

Section A Membership Information

I am ❒ **Primary Member** ❒ **Sponsored by someone** **Sponsor's name:** _____		**Months**	**Choosing Payroll Deduct Option I am an employee of:**	**Cash Fees and services** (locker /towel fees are **cash only and cannot be payroll deduct)**
❒ Single	❒ Employee	❒ Ongoing (>12 months)	❒ TNMC **(Hospital)** (monthly rate / 2nd Friday of month)	❒ Membership $ _____
❒ Dual (list add'l member in section B)	❒ Retiree	❒ 12 Months	❒ UNMC **(University)** ***Monthly*** (monthly rate/ last weekday of month)	❒ Locker $ _____
❒ Family (list add'l members in section B)	❒ Alumni ❒ UNMC ❒ UNO	❒ 6 Months	❒ UNMC **(University)** ***Biweekly*** (half monthly rate every other Thurs)	**1-$5.00 3-$10.00**
	❒ Patient	❒ 3 Months	❒ UNMC Phys **(Clinics)** (half monthly rate every other Thurs)	**6-$20.00 12-$30.00**
What Changes are being made?	❒ Student	❒ 1 Month	**No payroll deduct for 1 month membership Or temp/casual employees**	❒ Locker $ _____ **(sponsored member)**
❒ Dropping a member (complete section B)	❒ Affiliated	❒ _____ Months	**Deduction Amount $** _____	❒ Towel $ _____
❒ Adding a new member (complete section C))	❒ Limited	_____ X _____ months $ per month	**Biweekly or Monthly** (circle one)	**1-$5.00 3-$10.00**
❒ Changing information on myself or sponsored member (complete section D)	❒ Other _____	❒ TOTAL $_____	**Dates of Deduction:**	**6-$15.00 12-$20.00**
		Renewal Membership Starts Ends _____ _____	**From:** _____ **to** _____	❒ Towel $ _____ **(sponsored member)**
		Locker / Towel Starts Ends _____ _____		❒ Misc. fees $ _____
				TOTAL $ _____

Signature _____ *I authorize payroll deduction for CFHL membership fees* _____ *Date*

Dual Membership: Member + (1) sponsored adult. **Family membership:** Member +(1) sponsored 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.

Section B List Sponsored Members - Renew or Drop

Please list *all members* on your Dual/Family Membership and circle if you are renewing or dropping this person from your renewal

1. _____ _____ **Sybase #** **Renew** **[new address/phone, etc.? complete section D]** **or** **Drop**

2. _____ _____ **Sybase #** **Renew** **[new address/phone, etc.? complete section D]]** **or** **Drop**

3. _____ _____ **Sybase #** **Renew** **[new address/phone, etc.? complete section D]** **or** **Drop**

4. _____ _____ **Sybase #** **Renew** **[new address/phone, etc.? complete section D]** **or** **Drop**

Section C Add New Sponsored Member

I am adding new member _____ _____ **Sybase #** **complete Section D – Add New Member Info**

I am adding new member _____ _____ **Sybase #** **complete Section D – Add New Member Info**

Section D Update Info / Add New Member Info

☐ Update my info ☐ Update info on **current** sponsored member ☐ Add info on **new** member

Membership starts _____ Membership ends _____ ❒ MALE ❒ FEMALE

_____ _____ REQUIRED ____Y ____N
first name *last name* *date of birth* *if over 19 fulltime student?*

(____) _____ _____ (_____) _____
work phone # *work email* *home phone #*

_____ _____ _____
home email *home address* *city* *state* *zip*

_____ _____ _____
emergency contact *emergency contact home # / work #* emergency contact relation

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

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

☐ Update my info ☐ Update info on **current** sponsored member ☐ Add info on **new** member

Membership starts _____ Membership ends _____ ❒ MALE ❒ FEMALE

_____ _____ REQUIRED ____Y ____N
first name *last name* *date of birth* *if over 19 fulltime student?*

(____) _____ _____ (_____) _____
work phone # *work email* *home phone #*

_____ _____ _____
home email *home address* *city* *state* *zip*

_____ _____ _____
emergency contact *emergency contact home # / work #* emergency contact relation

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

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

☐ Update my info ☐ Update info on **current** sponsored member ☐ Add info on **new** member

Membership starts _____ Membership ends _____ ❒ MALE ❒ FEMALE

_____ _____ REQUIRED ____Y ____N
first name *last name* *date of birth* *if over 19 fulltime student?*

(____) _____ _____ (_____) _____
work phone # *work email* *home phone #*

_____ _____ _____
home email *home address* *city* *state* *zip*

_____ _____ _____
emergency contact *emergency contact home # / work #* emergency contact relation

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

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

Comments: