

MEMBERSHIP FORM

Employees / Volunteers / Community	1 MONTHS	3 MONTHS	9 MONTHS	1 YEAR
	(No payroll deduct)			
Single	<input type="radio"/> \$40	<input type="radio"/> \$32/month (\$96 total)	<input type="radio"/> \$28/month (\$252 total)	<input type="radio"/> \$25/month (\$300 total)
Dual	<input type="radio"/> \$66	<input type="radio"/> \$53/month (\$159 total)	<input type="radio"/> \$45/month (\$405 total)	<input type="radio"/> \$41/month (\$492 total)
Family	<input type="radio"/> \$71	<input type="radio"/> \$58/month (\$174 total)	<input type="radio"/> \$51/month (\$459 total)	<input type="radio"/> \$45/month (\$540 total)


Other Membership Types

<input type="radio"/> Employee	<input type="radio"/> <u>Single</u>	<input type="radio"/> <u>Single</u>	<input type="radio"/> Fitness Pass
<input type="radio"/> Community	<input type="radio"/> Limited \$15 (Track and locker room use only)	<input type="radio"/> Visiting Student \$22	<input type="radio"/> \$28 (5 passes)
	<input type="radio"/> Retiree \$21 (UNMC, UNO or NE Med)		<input type="radio"/> \$44 (10 passes)
			<input type="radio"/> \$54 (15 passes)

Locker Rental Sept - May \$32 Summer \$16 Year \$48 # _____

Learned through: _____

sponsor's name _____ work/university email _____ phone _____ department/ college _____

New Member  Gender Identification Prox # _____

Previous Member Male Female Undeclared Sybase # _____

first name _____ m _____ last name _____ DOB (Required) _____

department name _____ email _____ phone # _____ cell phone # _____

emergency contact person _____ emergency contact home/cell # _____ emergency contact work # _____ ER contact relation _____

Visiting Student ID Check

Home University or Company _____ UNMC Program _____

Yes

No

UNMC ID / CFHL Membership card is required to enter the Student Life Center Building / CFHL

Contract Agreement

I understand this is a binding contract and that I am obligated to pay the full amount of the membership for the number of months I have 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.

_____ Date _____

Signature

Payroll Deduction Authorization

No payroll deduct for: > memberships less than 3 mos > temp/casual employees

Nebraska Medicine (Hospital) (monthly rate / paid 2nd Friday of month)

UNMC (University) Paid Monthly (monthly rate *last weekday of month*)

UNMC (University) Paid Biweekly (half monthly rate *every other Thurs*)

UNO Biweekly

UNO Monthly

I hereby authorize the Center for Healthy Living and my employer to deduct membership fees from my pay-check for the total amount of my, and/or my sponsored member's membership fees. Upon leaving UNMC/UNO/Nebraska Medicine 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.

Signature