

MEMBERSHIP FORM

Employees / Volunteers / Community	1 MONTH	2 MONTHS	4 MONTHS	8 MONTHS	<input type="radio"/> 2 YEARS <input type="radio"/> ONGOING
	(No payroll deduct)				
Single	<input type="radio"/> \$37	<input type="radio"/> \$33/month (\$66 total)	<input type="radio"/> \$29/month (\$116 total)	<input type="radio"/> \$25/month (\$200 total)	<input type="radio"/> \$22/month (\$528 total)
Dual	<input type="radio"/> \$63	<input type="radio"/> \$56/month (\$112 total)	<input type="radio"/> \$50/month (\$200 total)	<input type="radio"/> \$42/month (\$336 total)	<input type="radio"/> \$38/month (\$912 total)
Family Children 14 - 18 free, children 19 - 26 + \$15 surcharge/child	<input type="radio"/> \$68	<input type="radio"/> \$62/month (\$124 total)	<input type="radio"/> \$55/month (\$220 total)	<input type="radio"/> \$48/month (\$384 total)	<input type="radio"/> \$42/month (\$1008 total)

Other Membership Types

<input type="radio"/> Employee	<input type="radio"/> Single	<input type="radio"/> Single	Fitness Pass
<input type="radio"/> Community	Limited <input type="radio"/> \$13 (Track and locker room use only)	Visiting Student/Scholar <input type="radio"/> \$25	<input type="radio"/> \$27 (5 passes)
	Retiree <input type="radio"/> \$20 (UNMC, UNO or NE Med)	Student Sponsored, UNO & Clarkson Students <input type="radio"/> \$19 (*Complete sponsor information below)	<input type="radio"/> \$43 (10 passes)
			<input type="radio"/> \$53 (15 passes)

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


Learned through: _____

sponsor's name

work/university email

phone

department/ college

New Member 

Previous Member

Gender Identification

Male Female Undeclared

Prox # _____

Sybase # _____

first name

m

last name

DOB (Required)

work phone #

work email

department name

cell phone #

emergency contact person

emergency contact home/cell #

emergency contact work #

ER contact relation

Visiting Student /Scholar & UNO Students & Clarkson Students

Home University or Company

UNMC Program

ID Check

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 4 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

Sponsored by

Primary Member:

_____ first name

_____ m

_____ last name



Photo required for new members and for previous members with ID cards older than 1 year

Sponsored Member #1 - Dual

Dual Membership: Member + (1) adult

New Member Previous Member

Gender Identification

Male Female Undeclared

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ emergency (ER) contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #

An extra \$15 per month will be added to the monthly family rate for each child 19-22 years who is a full time under graduate student (proof of enrollment required).

Family Sponsored Member #2

Family Membership: Legal dependents 14-18 years of age.

New Member Previous Member

Gender Identification

Male Female Undeclared

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ ER contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #

Family Sponsored Member #3

Family Membership: Legal dependents 14-18 years of age.

New Member Previous Member

Gender identification

Male Female Undeclared

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ ER contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #

Family Sponsored Member #4

Family Membership: Legal dependents 14-18 years of age.

New Member Previous Member

Gender identification

Male Female Undeclared

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ ER contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #