

MEMBERSHIP FORM

	1 MONTH	2 MONTHS	4 MONTHS	8 MONTHS	<input type="radio"/> - 2 YEARS <input type="radio"/> - ONGOING
	(No payroll deduct)				
Single	<input type="radio"/> \$35	<input type="radio"/> \$31/month (\$62 total)	<input type="radio"/> \$27/month (\$108 total)	<input type="radio"/> \$23/month (\$184 total)	<input type="radio"/> \$20/month (\$480 total)
Dual	<input type="radio"/> \$60	<input type="radio"/> \$54/month (\$108 total)	<input type="radio"/> \$48/month (\$192 total)	<input type="radio"/> \$40/month (\$320 total)	<input type="radio"/> \$36/month (\$864 total)
Family Children 14 - 18 free, children 19 - 26 + \$15 surcharge/child	<input type="radio"/> \$65	<input type="radio"/> \$61/month (\$122 total)	<input type="radio"/> \$52/month (\$208 total)	<input type="radio"/> \$46/month (\$366 total)	<input type="radio"/> \$40/month (\$960 total)

Other Membership Types

<p><u>Single</u></p> <p>Limited <input type="radio"/> \$13 (Track and locker room use only)</p> <p>Retiree <input type="radio"/> \$18 (UNMC, UNO or NE Med - 55 & over)</p>	<p><u>Single</u></p> <p>Visiting Student/Scholar <input type="radio"/> \$23</p> <p>Student Sponsored, UNO & Clarkson Students <input type="radio"/> \$17 (*Complete sponsor information below)</p>	<p>Fitness Pass</p> <p><input type="radio"/> \$25 (5 passes)</p> <p><input type="radio"/> \$40 (10 passes)</p> <p><input type="radio"/> \$50 (15 passes)</p>
<p>Locker Rental</p> <p>Sept - May <input type="radio"/> \$30 Summer <input type="radio"/> \$15 Year <input type="radio"/> \$45 # _____</p>		

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

New Previous Member

Gender Identification

Male Female Undeclared

Prox # _____

Sybase # _____



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

work phone # _____ work email _____ department name _____ campus zip code _____

home phone # _____ home address _____ city _____ state _____ zip _____

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

Visiting Student/Scholar & UNO & Clarkson Students & Affiliated Memberships

ID check

home university or affiliated company _____ UNMC program _____

Yes

No

UNMC ID / CFHL Membership card is required to enter the Center for Healthy Living.

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 cancel 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) Monthly
(monthly rate last weekday of month)

UNMC (University) 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 paycheck for the total amount of my, and/or my sponsored member's membership fees. Upon leaving UNMC/ 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

Gender identification

New Member

Previous Member

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 19-25 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.

Gender identification

New Member

Previous Member

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.

Gender identification

New Member

Previous Member

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.

Gender identification

New Member

Previous Member

Male

Female

Undeclared

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ ER contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #