



**Department of Campus Recreation
Fitness & Wellness Center Membership
Employee's Payroll Deduction Form**

Personal Information:

Date: _____

Last Name: _____

First Name: _____ MI: ____

Phone: _____

Work Phone: _____

Department: _____

Email: _____

Employee #: _____

Membership Selection:

Faculty Staff (\$192)

Faculty/Staff (+1) Spouse/Sponsored Dependent (\$342)

Faculty/Staff (+2) Spouse/Sponsored Dependent (\$456)

Faculty/Staff (3+) Spouse/Sponsored Dependent (\$564)

Spouse's / Sponsored Dependents Name(s): _____

If available, Spouse's / Sponsored Dependent's Email: _____

If available, Spouse's / Sponsored Dependent's EKU ID #: _____

I elect to pay the previously selected amount through payroll deduction. This membership will continue until terminated. To terminate your membership please contact the Department of Campus Recreation.

By this agreement, I understand that an appropriate amount equal to \$_____ will be deducted from my paycheck per year. However, either party may terminate this agreement as of the end of any month (or pay period) by giving written notice.

I hereby authorize the Department of Campus Recreation to request my and/or my spouse's / sponsored dependent's membership fee be deducted from my paycheck by Human Resources.

Signature: _____

Date: _____

Please mail to: Fitness & Wellness Center
SRC 105
521 Lancaster Ave.
Richmond, KY 40475

Membership will begin as soon as Campus Recreation receives your membership form.