

PAYROLL DEDUCTION MEMBERSHIP APPLICATION

CLUB 1 FITNESS 3806 BROADWAY GREAT BEND, KS 67530 (620)-792-1366

Company _____

Phone # _____

Employee _____

Employee # _____

Membership Type:

- Single** \$37.00 **Deduction:** \$18.50 Semi-Monthly, \$9.25 Weekly
- Family** \$48.00 **Deduction:** \$24.00 Semi-Monthly, \$12.00 Weekly
- UCT (Unlimited Court Time)** **Deduction:** \$22.00 Single/month, \$27.00 family/month

UTC means no court time charges for racquetball & Tennis.

Family Memberships consist of husband, wife, and dependent children living at home up to age 18 or full time college students up to age 23. Family Memberships can have up to four members without any additional cost. Any member added after four will be an additional \$2.00 per member per month.

Membership Fee Enclosed (\$30.00)

Membership Fee (\$30.00) Paid by Payroll

Referred by: _____

Salesperson		Starting Date		<input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> UCT		Membership #	
1. Last Name		First Name		2. Spouse Name			
Employee: SSN		Date of Birth		Spouse: SSN		Date of Birth	
Address		City		State		Zip	
E-mail Address						Telephone	
Employer				Spouse's Employer			
Children Participating		Relationship		Age		Birthday	
3.							
4.							
5.							
6.							
7.							

I HEREBY AUTHORIZE THE ABOVE PAYROLL DEDUCTION FOR THE PURPOSE OF MAKING ADVANCE PAYMENT OF MY MONTHLY INVESTMENT TO CLUB 1 FITNESS FOR MEMBERSHIP AND AGREE TO THE FOLLOWING REQUIREMENTS: I understand that the minimum membership requirement is six (6) months and that I am responsible to fulfill this minimum requirement regardless of my resignation, termination, leave of absence, or any other interruption in my employment with this company. I understand that this agreement will remain in effect until revoked in writing, and that, once terminated; I will be responsible for another initial membership fee of \$30.00 to rejoin. I understand that a 30 day notice is needed I am liable for ALL bills incurred before my cancellation is complete. I understand that exercise participation is at my own risk, and therefore I will take full responsibility for all medical bills incurred in case of an accident. If I cancel my membership through payroll deduction, there is a three (3) month waiting period before I can rejoin.

Bookkeeping Information

Membership Fee	\$30.00
_____ Dues	\$ _____
_____ Extra x \$2.00	\$ _____
Total	\$ _____

Check# _____ Cash _____ CC _____

Receipt # _____

Employee Signature _____

Date _____