

Membership ID# _____

I, _____, hereby authorize a bi-weekly salary deduction to be
FIRST & LAST NAME (please PRINT clearly)

REDUCED/STOPPED the next full pay-period for the following amount. All prices are calculated to include sales tax *(please check the applicable boxes)*:

Faculty/Staff (SELF)

Membership Fee \$11.17

FAMILY MEMBERS

Spouse/Partner Name _____ ID# _____

Membership Fee \$11.17

Dependent Name _____ Age _____

Dependent Name _____ Age _____

Dependent Name _____ Age _____

Membership Fee (2-15 years old) \$3.22

Membership Fee (16-17 years old) \$5.68

Membership Fee (18-22 years old) \$11.17

Total \$ _____

By signing below I understand:

- ✓ access to the Campus Recreation facility will begin immediately, though the first payroll deduction will depend upon the current payroll cycle;
- ✓ payroll deduction amounts are calculated for 26 pay periods and all prices include sales tax;
- ✓ with prior notice, all prices are subject to change;
- ✓ it is my responsibility to review the accuracy of the deduction on my paycheck stub;
- ✓ it is my responsibility to cancel my membership should I no longer be employed at Boise State University;
- ✓ All memberships are non-refundable and non-transferable.

Signature _____ Date _____

Home/Cell Phone (_____) ____ - ____ Campus Mail Stop _____

Email _____

<p style="text-align: center;"><i>For front desk use only</i></p> <p>Updated contact information on 1) Fusion, 2) PD Google Sheet, 3) Linked Family Members.</p> <p><input type="checkbox"/> Y</p> <p><input type="checkbox"/> N</p> <p><input type="checkbox"/> Attendant full name/date (print) _____</p>	<p style="text-align: center;"><i>For admin office use only</i></p> <p>Processed in office by/date: _____</p> <p>Old Total _____</p> <p>New Total _____</p>
--	---