

Payroll Deduction Authorization Form: Sept: 2017 - Aug 2018

Memberships (Please select one or more of the following)

ANNUAL

- ☐ Annual Faculty/Staff Membership (\$48.09/month) \$577
☐ I qualify for the senior discount of 50% off*
- ☐ Annual Spouse/Partner Membership (\$16.17/month) \$194
The Faculty/Staff Membership must be purchased first.
☐ I qualify for the senior discount of 50% off*
- ☐ Annual Family (Dependent Children) Membership (\$16.17/month) \$194
The Faculty/Staff Membership or Spouse/Partner-Only Membership must be purchased first.
For children 5 through 17. Children under 5 are admitted free.

"9 Pay 9" Members Only (faculty/staff members who are not paid during the summer)

Monthly deductions will be taken as listed above. Amount will be taken in one lump sum in September of the new academic year unless you check the box below.

- ☐ Deduct my full year's membership dues in nine installments (September to May)

*50% senior membership discount applies to those aged 65 and above

Lockers

Rentals (One single deduction)

- | | | |
|----------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Small \$15/semester | <input type="checkbox"/> Medium \$30/semester | <input type="checkbox"/> Large \$60/semester |
| <input type="checkbox"/> Small \$45/annual | <input type="checkbox"/> Medium \$90/annual | <input type="checkbox"/> Large \$180/annual |

Renewal: Locker # _____

Member Information (Please clearly print and fill out completely)

Last Name _____ First _____ MI _____ Employee ID** _____ DOB*** _____

Personal Phone _____ Work Phone _____ Department _____

If signing up for a spouse/partner membership:

Spouse/Partner Name _____ MI _____ DOB*** _____

**Employee ID is the 6-digit number on your CU pay advice

***Required to verify senior discount qualification only

By signing below, I confirm that I am a Boulder campus employee paid monthly, and I authorize CU Recreation Services to deduct the annual membership/locker charges as indicated above from my paycheck. Recreation Services will bill me for any past due balances.

Email _____ Signature _____ Date: _____