Payroll Deduction Authorization Form

Memberships	(Please select one or more of the fo	ollowing)		Monthly
☐ Faculty/Staff Membership				\$50
☐ I qualify for the senior discount of 50% off*				
Faculty/Staff Sunrise Membership Sunrise membership provides access to both Rec Centers from 6 am-12 pm Monday-Friday and all day Saturday and Sunday. Sunrise is only available to faculty/staff, not spouses, partners or dependents.				\$25
☐ Spouse/Partr	ner Membership			\$36
The Faculty/Staff Membership must be purchased first.				
☐ I qualif	y for the senior discount of 50°	% off*		
☐ Dependent Membership				\$36
	Membership or Spouse/Partner-Only Nough 17. Children under 5 are admitted		rchased first.	
*50% senior mem	bership discount applies to the	ose aged 65 and a	bove	
Member Inform	nation (Please clearly print and	fill out completely)		
	mation (Please clearly print and		MI	
Last Name	Fir	rst	MI	_
Last Name Employee ID**		rst		
Last Name Employee ID** Personal Phone_	Fir DOB***	rsthone		
Last Name Employee ID** Personal Phone_ Department	Fir DOB*** Work P	rsthone		
Last Name Employee ID** Personal Phone_ Department If signing up for a	Fir DOB*** Work P	hone		
Last Name Employee ID** Personal Phone Department If signing up for a Spouse/Partner N	Fir Fir DOB*** Work Plants spouse/partner membership: Name	none		
Last NameEmployee ID**Personal PhoneDepartmentIf signing up for a Spouse/Partner Name	Fir DOB*** Work P spouse/partner membership:	hone MI		
Last Name_ Employee ID**_ Personal Phone_ Department_ If signing up for a Spouse/Partner N **Employee ID is t ***Required to ver By signing below, I co Recreation Services to bill me for any past du	Fir	honehonehonehonehonehonehonehonehonehonehone_hone	DOB*** d I authorize CU ny paycheck. Recreatio	

