

**Purdue University Fort Wayne Fitness Membership
Payroll Deduction**

New Membership _____ Annual* _____

*Note: Payroll deduction is only available for Annual memberships. Monthly memberships are available at the Fitness Center Front Desk.

Name: _____ Today's Date: _____
First (Please print clearly) Last

Address: _____ City _____ State _____ Zip _____

Phone: _____ E-mail: _____

- Name of Additional Member: _____ Date of Birth: _____
Phone: _____ E-mail: _____
- Name of Additional Member: _____ Date of Birth: _____
Phone: _____ E-mail: _____
- Name of Additional Member: _____ Date of Birth: _____
Phone: _____ E-mail: _____

Membership Tier:

Faculty/Staff/Retiree:	a. Individual _____	b. Spouse/Partner _____	c. Dependent(s) _____ Age (18-25)
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*****All members must sign the Liability Waiver. Please include a copy for each member along with this form.**

-----The below portion to be completed with Human Resources-----

I hereby authorize PFW to deduct the amounts indicated below:

_____ I am a 12-month employee. My deduction will be \$ _____ each pay period.

_____ I am a bi-weekly employee. My deduction will be \$ _____ each pay period.

_____ I am an academic year employee. My deductions will be \$ _____ for the first two pay periods of my membership and \$ _____ for the next remaining pay periods. Membership years are on a rolling year. Deductions will not be taken in June and July.

I understand that a 12-month commitment is required for the first year of membership. _____ *(initial)*

I understand that Fitness Center membership rates may change and my payroll deduction will adjust accordingly until I notify Human Resources in writing to discontinue deductions. _____ *(initial)*

Effective Date (Date Payroll Deductions Begin): _____

Employee Signature: _____ Date: _____

HR/Payroll Signature: _____ Date: _____