

Athletics and Recreation and Wellness

University of Minnesota Crookston

PAYROLL MEMBERSHIP APPLICATION

UNIVERSITY MEMBER INFORMATION

Last Name:	First Name:	Employee ID:
Department:	E-mail:	Phone Number:
Address:		
City:	State:	Zip Code:

SPONSORED MEMBER INFORMATION

Name:		
Email:	Phone Number:	
Address:		
City:	State:	Zip Code:

POLICIES, PROCEDURES, AND AUTHORIZATION

Participation in Recreation and Wellness Activities is voluntary and at your own risk. You must adhere to all facility and dress code policies.

Memberships are non-refundable and non-transferable. Lockers are available for daily use only and at no extra cost

I hereby authorize and direct the University of Minnesota Crookston to begin payroll deductions for the University Recreation and Wellness membership identified below.

University Member Signature		Date:	
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Sponsored Member Signature		Date:	
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OFFICE USE ONLY

UNIVERSITY MEMBER

<input type="checkbox"/> Single Membership (\$16.00 per pay check) Total Membership = \$240.00
<input type="checkbox"/> Joint Sponsored Membership (\$32.00 per paycheck) Total Membership = \$480.00

Enrollment Date:	Expiration Date:
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