

MEMBERSHIP FORM

Employees / Volunteers <small>UNMC & Nebraska Medicine</small>	1 MONTH	2 MONTHS	4 MONTHS	8 MONTHS	<input type="radio"/> - 2 YEARS <input type="radio"/> - ONGOING
	(No payroll deduct)				
Single	<input type="radio"/> \$30	<input type="radio"/> \$27/month <small>(\$54 total)</small>	<input type="radio"/> \$24/month <small>(\$96 total)</small>	<input type="radio"/> \$22/month <small>(\$176 total)</small>	<input type="radio"/> \$19/month <small>(\$456 total)</small>
Dual	<input type="radio"/> \$54	<input type="radio"/> \$48/month <small>(\$96 total)</small>	<input type="radio"/> \$44/month <small>(\$176 total)</small>	<input type="radio"/> \$39/month <small>(\$312 total)</small>	<input type="radio"/> \$35/month <small>(\$840 total)</small>
Family <small>Children 14 - 18 free, children 19 - 26 + \$15 surcharge/child</small>	<input type="radio"/> \$57	<input type="radio"/> \$52/month <small>(\$104 total)</small>	<input type="radio"/> \$48/month <small>(\$192 total)</small>	<input type="radio"/> \$44/month <small>(\$352 total)</small>	<input type="radio"/> \$39/month <small>(\$936 total)</small>


Other Membership Types

Limited <input type="radio"/> \$12 <small>(Track and locker room use only)</small>	Visiting Student/Scholar <input type="radio"/> \$22	Patient <input type="radio"/> \$28 <input type="radio"/> \$44 <small>(Attach Medical Clearance Form)</small>
Retiree <input type="radio"/> \$17 <small>(UNMC, UNO or NE Med - 55 & over)</small>	Student Sponsored, UNO & Clarkson Students <input type="radio"/> \$17 <small>(*Complete sponsor information below)</small>	Affiliated <input type="radio"/> \$33 <input type="radio"/> \$55 <small>(For listing of affiliates see our website)</small>
Fitness Pass <input type="radio"/> \$20 <input type="radio"/> \$35 <input type="radio"/> \$45	Locker Rental <input type="radio"/> \$30 <input type="radio"/> \$15 <input type="radio"/> \$45	Locker Rental <input type="radio"/> \$30 <input type="radio"/> \$15 <input type="radio"/> \$45 # _____

* sponsor's name _____ work/university email _____ phone _____ department/ college _____

New Previous Member

Gender Identification Male Female Undeclared

Prox # _____ Sybase # _____ 

first name _____ m last name _____ DOB (Required) _____

work phone # _____ work email _____ department name _____ campus zip code _____

home phone # _____ home address _____ city _____ state _____ zip _____

emergency (ER) contact person _____ ER contact home/cell # _____ ER contact work # _____ ER contact relation _____

Visiting Student/Scholar & UNO & Clarkson Students & Affiliated Memberships

home university or affiliated company _____ UNMC program _____

ID check

Yes
 No

UNMC ID / CFHL Membership card is required to enter the Center for Healthy Living.

Contract Agreement

I understand this is a binding contract and that I am obligated to pay the full amount of the membership for the number of months I have indicated above. I understand I need a doctor's slip (stating I am unable to continue my exercise program) to cancel my contract.

_____ Date

Signature

Payroll Deduction Authorization

No payroll deduct for: > memberships less than 4 mos > temp/casual employees

Nebraska Medicine (Hospital) (monthly rate / paid 2nd Friday of month)

UNMC (University) Monthly (monthly rate last weekday of month)

UNMC (University) Biweekly (half monthly rate every other Thurs)

UNO Biweekly

UNO Monthly

I hereby authorize the Center for Healthy Living and my employer to deduct membership fees from my paycheck for the total amount of my, and/or my sponsored member's membership fees. Upon leaving UNMC/ Nebraska Medicine any cards used to access the facility (ID or CFHL membership cards) will be voided.

I understand that I am liable for the full amount of the membership, which may require deducting any remaining unpaid portion from my last paycheck.

Signature

Sponsored by Primary

Member:

_____ first name

_____ m

_____ last name



Photo required for new members and for previous members with ID cards older than 1 year

Sponsored Member #1 - Dual

Dual Membership: Member + (1) adult

Gender identification

New Member

Previous Member

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ emergency (ER) contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #

An extra \$15 per month will be added to the monthly family rate for each child 19-25 years who is a full time under graduate student (proof of enrollment required).

Family Sponsored Member #2

Family Membership: Legal dependents 14-18 years of age.

Gender identification

New Member

Previous Member

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ ER contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #

Family Sponsored Member #3

Family Membership: Legal dependents 14-18 years of age.

Gender identification

New Member

Previous Member

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ ER contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #

Family Sponsored Member #4

Family Membership: Legal dependents 14-18 years of age.

Gender identification

New Member

Previous Member

_____ first name

_____ m

_____ last name

_____ **DOB (Required)**

_____ phone #

_____ email

_____ ER contact person

_____ ER contact relation

_____ ER contact home #

_____ ER contact work #