

**Office Use Only**

Membership/Renewal Form Complete

Confirmed Cancellation Policy

First Month Deducted: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_

Member Specialist: \_\_\_\_\_

**Member Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Z Number: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Member Agreement**

I understand that this agreement is a binding contract for one calendar year from the day I sign-up for my Rec Membership and is non-transferable and non-refundable. The Annual Membership rate is \$240 and a processing fee of \$30 will be assessed to cancel my membership prior to the end of the 12 month contract.

**Payroll Agreement**

I, as a FAU Faculty/Staff member, hereby authorize the Payroll Department to begin payroll deductions in the amount indicated below for an Annual Membership to the Department of Campus Recreation. I understand that deductions will continue until I request to cancel in writing to the Department of Campus Recreation.

Plan A: \$20 deducted monthly from the first paycheck of each month for a term of 12 months\*

\*For 12 month Faculty/Staff only

Plan B: \$30 deducted monthly from the first paycheck of each month for a term of 8 months\*\*

\*\*For 9 month Faculty only

Plan C: \$24 deducted monthly from the first paycheck of each month for a term of 10 months\*\*\*

\*\*\*For 10 month Faculty only

*Payroll will begin deductions the first paycheck of the month following the receipt of paperwork by the Payroll Office.*

Member Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

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Cancellation Date: \_\_\_\_\_ Membership Specialist: \_\_\_\_\_