

Raymond B. Preston Health & Activities Center
Full-Time F/S Payroll Deduction with Family/Sub-Members

This form serves as a request for payroll deduction and/or adjustments for membership to the Raymond B. Preston Health & Activities Center only and is not authorized for any other department or use.

WKU ID#: _____ Name: _____

Date of Birth: ____/____/____ E-mail Address: _____

Home Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Office Phone: (____) _____ - _____

Emergency Contact: _____ Phone #: (____) _____ - _____

<u>Salary Range</u>	<u>Yearly Rates</u>	NOTE: Spouse rates are same as employee rate. Children under the age of 18 are \$50/year. Children over the age of 18 will fall under the "Buddy Category (\$300) - \$26.5 Monthly; \$13.25 Semi-Monthly; \$12.30 Bi-Weekly. Full-time "temporary" employees are not eligible for payroll deduction.
C < \$17,499	\$111.00	
B \$17,500 - \$44,999	\$189.00	
A > \$45,000	\$252.00	

Scheduled Payroll: Monthly _____ Semi-Monthly (15th & 30th) _____ Bi-Weekly (every other Friday) _____

I hereby authorize you to deduct from my paycheck _____ each pay period. Please remit amount to WKU Preston Center, Campus Recreation & Wellness Department in payment of my annual membership fees. **I understand that payroll deduction is a continuous payment unless stopped in writing by the payee.** _____

Effective with the pay period beginning _____ and until further notice, I hereby authorize you to adjust my payroll deduction from \$ _____ to \$ _____ to the Raymond B. Preston Health & Activities Center:

Please List all Sub-members on the back of this page.

I understand and am aware that by using the Preston Center facilities, and services offered by the WKU Department of Campus Recreation & Wellness, I may experience potential health risks including, but not limited to, injury, cramps, transient light-headedness, fainting, abnormal blood pressure, chest discomfort, nausea and possible death. I acknowledge that I should obtain permission from my physician before engaging in any exercise activity, and that I am voluntarily using these facilities and services with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

SIGNATURE: _____ DATE: _____

Office Use Only: _____ (Staff Signature) This is a family member 'membership' only _____

CSI _____ MEMLIST _____ PR _____ Audit Report _____ LIST SERVE _____ Rev: 07/01/2019

Family/Sub-Members Information:

NOTE: All members must have an ID to enter the building. Only current WKU Faculty/Staff and students may use their WKU 800#. All others will be assigned a Preston Only 500#. There is a \$10 charge for all Preston Center ID's. Non-employees/current students are eligible for the "Preston Only" Parking Permit available through Parking and Transportation.

WKU/Assigned ID#: _____ **Name:** _____

Date of Birth: ____/____/____ Relationship: Spouse _____ Child _____ (age) Partner _____ Other _____

E-mail Address: _____

Home Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Office Phone: (____) _____ - _____

Emergency Contact: _____ Phone #: (____) _____ - _____

WKU/Assigned ID#: _____ **Name:** _____

Date of Birth: ____/____/____ Relationship: Spouse _____ Child _____ (age) Partner _____ Other _____

E-mail Address: _____

Home Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Office Phone: (____) _____ - _____

Emergency Contact: _____ Phone #: (____) _____ - _____

WKU/Assigned ID#: _____ **Name:** _____

Date of Birth: ____/____/____ Relationship: Spouse _____ Child _____ (age) Partner _____ Other _____

E-mail Address: _____

Home Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Office Phone: (____) _____ - _____

Emergency Contact: _____ Phone #: (____) _____ - _____

WKU/Assigned ID#: _____ **Name:** _____

Date of Birth: ____/____/____ Relationship: Spouse _____ Child _____ (age) Partner _____ Other _____

E-mail Address: _____

Home Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Office Phone: (____) _____ - _____

Emergency Contact: _____ Phone #: (____) _____ - _____