

Raymond B. Preston Health & Activities Center
Full-Time Employee Single Payroll Deduction Membership Application

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>	<u>Monthly Rate</u>	<u>Semi-Monthly Rate</u>	<u>Bi-Weekly Rate</u>
C < \$17,499	\$111.00:	\$9.25	\$4.63	\$4.27
B \$17,500 - \$44,999	\$189.00:	\$15.75	\$7.88	\$7.27
A > \$45,000	\$252.00:	\$21.00	\$10.50	\$9.69

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, Intramural-Recreational Sports Department in payment of my annual membership fees. **I understand that payroll deduction is a continuous payment unless stopped 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:

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 _____