STATE UNIVERSITY

NICHOLLS

Harold J. Callais Recreation Center

**Payroll Deduction Membership Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | **N** |  |
| EMPLOYEE NAME | | | |  |  | EMPLOYEE IDENTIFICATION NUMBER |
| □ | 9 month | □ | 10 month | |  |  |
| □ | 12 month | □ | Adjunct/WAE | |  | UNIVERSITY DEPARTMENT/OFFICE |

Fees:

The following fees will be deducted from your payroll. Please check all options that apply to each membership. **This deduction will continue until you cancel via written notification**.

|  |  |  |
| --- | --- | --- |
| □ | Family membership ………….. | $75 monthly |

**\*\* Family members are required to purchase a Colonel card. \*\***

|  |  |
| --- | --- |
| Name | Locker |
|  | □ |
|  | □ |
|  | □ |
|  | □ |
|  | □ |

**Locker rental available for $5/month for each locker.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | lockers x $5/month = | $ |  |

Total Monthly Deduction

(Membership + Locker Rental)

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | $ |  |
|  |  |  |

**Plus applicable state and parish taxes.**

If purchasing family membership, do not complete next section. Include all names in Family membership section.

|  |  |  |  |
| --- | --- | --- | --- |
| □ | First membership …………………….………………………. | | $25 monthly |
| □ | Locker rental ……………………………………………………. | | $ 5 monthly |
|  |  | |  |
|  | | Total for membership | $ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □ | Second membership ……..………………………………… | | | | | | $25 monthly |
| □ | Locker rental ……………………………………………………. | | | | | | $ 5 monthly |
|  |  | | | | | |  |
|  | | Total for membership | | | | | $ |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| **Total Monthly Deduction** | | | | | | | |
|  |  | | | | | |  |
|  | | |  | | |  | |
|  | | |  | $ |  |  | |
|  | | |  | | |  | |
|  | | |  | | |  | |
| **Plus applicable state and parish taxes.** | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **SIGNATURE** |  | **DATE** |

My signature acknowledges all family members listed reside in my household and are 15 years of age or older.

***Return this form to the administrative office at the Callais Student Recreation Center.***

Revised 11/15/18