

UNK Wellness Center

Membership Application



1. MEMBERSHIP TYPE:

- Employee** UNK and UNMC faculty, staff, and emeritus.
This also includes university recognized affiliates and graduate assistants.
- Student** UNK and UNMC students enrolled in 1+ on campus class are already members via student fees. Students that are enrolled in online classes must purchase an opt-in student membership.
- Community** To be eligible for a community membership, you must meet one of the following criteria:
 - CCC Student (Students from other universities are eligible on a case-by-case basis)
 - UNK Student Spouse
 - UNK Alumni (*must be within the last 24 mo.)
 - For Community Climbing memberships, refer to the Climbing Wall membership form.
- Guest Affiliate** Includes university sponsored guests, visiting professor/researcher or other short-term affiliates. Examples include associated members visiting due to an event held at the university.

2. MEMBERSHIP INFORMATION:

Name	Date of birth	NU ID #
Phone	Email	

3. FAMILY MEMBERS (only applicable to certain memberships):

			Needs ID?
Name	Relationship	Date of birth	<input type="checkbox"/>
Name	Relationship	Date of birth	<input type="checkbox"/>
Name	Relationship	Date of birth	<input type="checkbox"/>
Name	Relationship	Date of birth	<input type="checkbox"/>

4. MEMBERSHIP RATES:

EMPLOYEE

SINGLE

- \$12: One Month
- \$120: One Year
- \$12/Month Payroll Deduction
(Additional form on back required)

FAMILY

- \$16: One Month
- \$160: One Year
- \$16/Month Payroll Deduction
(Additional form on back required)

STUDENT (UNK or UNMC)

- \$15: One Month
- \$63: Fall/Spring Semester
- \$42: Summer Pass

COMMUNITY (select option above)

- \$25: One Month

GUEST AFFILIATE

- \$25: One Month
- \$15: One Week

Membership Start Date: _____

5. ELIGIBILITY

- Employee memberships can add spouses, partners, dependents upon request.
- Anyone over 19 on the membership will need to get a UNK ID for access.
- Must be 19 or older to use the Wellness Center equipment. Under 18 are allowed at the Climbing Wall and Cushing Gyms.

***THIS PORTION ONLY NEEDS TO BE FILLED OUT IF YOU ARE UTILIZING PAYROLL DEDUCTION**

UNK Wellness Center Membership

Authorization for Payroll Deduction

UNK Employee Name (last) _____ (first) _____ (mi) _____

NUID# _____ Personnel# _____ Email address _____

UNK Department Name _____ Office Phone# _____

Part A I am a monthly paid employee.

 I am a biweekly paid employee.

Payroll Deduction Membership Fees

- **SINGLE MEMBERSHIP \$144 yearly fee, \$12 monthly**
 - Employees paid monthly will be charged \$12 each pay period
 - Employees paid biweekly will be charged \$6 each pay period
- **FAMILY MEMBERSHIP \$192 yearly, \$16 monthly**
 - Paid monthly, charged \$16 each oay period
 - Paid biweekly, charged \$8 each pay period
- **Membership will be active for exactly 1 year following purchase.**
 - Example: If you purchase a membership on November 1st, your membership will expire on October 31st the following year.
 - Membership may be cancelled at any time and deduction will be stopped upon request.

Part B

I authorize the deduction, from my paycheck, of the amount listed in part A to cover the cost of my UNK Wellness Center membership. I understand that the amount of this deduction will not decrease my taxable income. This will cover the cost of my Wellness Center membership and my immediate family (*spouse and dependent children under the age of 26) if a family membership is selected.

I understand that if I am a monthly employee, I will have the deduction split equally between twelve (12) pay checks and if I am a biweekly paid employee, I will have the deduction split between twenty-four (24) pay checks. I understand that once the deduction is taken, a refund will not be issued in any event.

The time of receipt of this authorization by the Payroll Office will determine the first paycheck on which the deduction will occur.

I understand that I will abide by the rules of the UNK Wellness Center.

***If spouse and immediate family are not an employee or student of UNK, a Cushing Use Facility pass will need to be issued. Dependent children under the age of 19 will not be issued a Cushing Use Facility pass.**

Employee Signature and Date

Wellness Center Asst. Director Signature and Date

Office Use Only:

Payment: In-Person Online **Payment Type:** Cash Check Card Payroll Ded.

Total Due: _____ **Card Type:** _____ **Transaction #** _____

Date Completed: _____ **Staff Initial:** _____ **In Fusion?**