

# UNK Fitness 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?**

_____	_____	_____	<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"/>
Name	Relationship	Date of birth	

## 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)

- \$20: One Month
- \$75: Fall/Spring Semester
- \$38: Summer Pass

### COMMUNITY (select option above)

- \$30: One Month

### GUEST AFFILIATE

- \$30: 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 pay 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 1<sup>st</sup>, your membership will expire on October 31<sup>st</sup> 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?**