

COLLIER COUNTY FITNESS CENTER

Enrollment Form for Collier County Employees and Dependents



					- Badge Access Regu
Name:		Department:			
SAP # / Employee #:		Date of Birth:			
Address:		City:	State:	ZIP:	
lome Phone:	V	Vork Phone:	<u>-</u>		
		oll deduction program in order late to qualify for payroll deduct		family memi	pers.
Dependent's Last Name	First Name	Relationship	Male/Fema	ale	Date of Birth
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£ ,					
				_	
Countywide Membership		Annual Membership to be	e Deducted	Price pe	er Pay Period
Employee per pay period		\$114.00*			\$4.69
Additional Spouse/Family Member		\$100.00*			\$4.12
		nberships are subject to 7% sales emberships are valid for 26 pay pe			
otal amount due per pay perio	// It this program will re	itness Membership: \$		rehine ara :	not subject to
lease enroll those listed above	e into the Collier Coun	emain in force for one year. I ed and accepted documenta ity Fitness Center Payroll Dedu	tion.	·	·
refund unless activated the refund unless activated above bid your Fitness Center mer	e into the Collier Coun mbership. Employe	ed and accepted documenta ity Fitness Center Payroll Dedu ee Signature	ition. action Program. 1 Date	Termination	·
refund unless ac	e into the Collier Coun mbership. Employe	ed and accepted documenta	ition. action Program. 1 Date	Termination	·
refund unless action lease enroll those listed above oid your Fitness Center mer	e into the Collier Coun mbership. Employe	ed and accepted documentality Fitness Center Payroll Deductors Electric Signature For NCRP Office Use Only	ition. action Program. 1 Date	Termination	·