

Staff Initials: _____

COLLIER COUNTY FITNESS CENTER Enrollment Form for Collier County Employees and Dependents



	New Member Rei	newal		
Name:		Department:		
SAP # / Employee #:		Date of Birth:		
Address:		City:	State: _	ZIP:
Home Phone:	W	Work Phone:		
		oll deduction program in order ate to qualify for payroll deduc		amily members.
Dependent's Last Name	First Name	Relationship	Male/Femal	e Date of Birth
Countywide Membership Employee per pay period		Annual Membership to k \$114.00*	be Deducted	Price per Pay Period
Additional Spouse/Family Member		\$100.00*		\$4.65
		perships are subject to 6% sales tax		∟ \$4.00
	Fitness mer	mberships are valid for 26 pay p	eriods.	
otal amount due per pay pe	riod for Collier County Fi	itness Membership: \$		
Membership Start Date:				
		main in force for one year. ed and accepted document		ships are not subject to
Initial refund unless a Please enroll those listed abo	ove into the Collier Coun	ty Fitness Center Payroll Dec	duction Program. T	ermination of employmen
Initial refund unless a	ove into the Collier Coun embership.	ty Fitness Center Payroll Dec	duction Program. T	ermination of employmen