

COLLIER COUNTY FITNESS CENTER

Enrollment Form for Collier County Employees and Dependents



∐ B0	_		er ∐ Supervisor	
Employee Information:		enewal		
Name:		Department:		
SAP # / Employee #:		Date of Birth:		
Address:		City:	State	: ZIP:
Home Phone:	Work Phone:			
Dependent Information: Collier County Employee mus All memberships must have the				family members.
Dependent's Last Name	First Name	Relationship	Male/Fem	ale Date of Birth
		_		
			_	
Countywide Membership		Annual Membership t	o be Deducted	Price per Pay Period
Employee per pay period		\$114.00		S4.65
Additional Spouse/Family Member		\$100.00	\$100.00*	
		nberships are subject to 6% sa emberships are valid for 26 pa		
Fotal amount due nor nou no				
Total amount due per pay per	·	-itness Membership: \$		
Membership Start Date:				
	, ,	emain in force for one yea		erships are not subject to
^{Initial} refund unless a	accompanied by verifi	ed and accepted docume	entation.	
Please enroll those listed abo		nty Fitness Center Payroll D	eduction Program.	Termination of employmen
-	Employe		Date	
		For NCRP Office Use Only		
Payroll deduction will begin	n on/ a	nd end on//	Submitte	ed to HR:/
Staff Initials:	Original copv -	NCRP Fitness Center	Confirma Copy - Employee	ation from HR:/