

Faculty/Staff Payroll Deduct Membership

Last Name	First Name	Middle Initial	CWID	UIN
Address	C	City	Zip	
Date of Birth	Phone Number	Email	Gender	
Emergency Contact		Emergency Contact Phone Number(s)		
agree to follow all of the member to I breaks will result in non-transferable a services. By signing below,	ement embership Form in its entired policies and procedures out bring their membership ID each reduced hours and extended and that failure to oblige all policies. I agree to comply with the sorris Recreation Center and	tlined by the Department of each visit. Maintenance, rended closure. I understand the policies and staff instruction service agreement, policies	Campus Recreation. It novations, capital project nat this membership is not will result in suspension	is the responsibility ts and university on-refundable, n or termination of
Signature:		Date:		
Authorization	n For Payroll Deducti	on		
for services at the any time. Payroll I initial payment of I I wish to cance Cancellation For	rize Texas A&M University-Condense Morris Recreation Center as Deduct will stop once a Payr \$27.50 must be paid at the tiel, I understand that I must m in full and turn it in by the duction will continue for the lath.	is indicated above. I unders roll Deduct Cancellation For time of membership registra notify Campus Recreation he 5 th of the month. If I tur	stand that I may revoke to rm is turned into Campu ation in order to activate on by filling out the Pa rn in the completed fo	this authorization at us Recreation. The the deduction. yroll Deduct rm after the 5 th of
Signature:			Date:	
OFFICE USE OI	NLY Sold by		Order Number	
	Date			