

**PAYROLL DEDUCTION
KIRMAYER FITNESS CENTER**

Date: _____

Name: _____ Last 4 Digits SS#: _____

Department & Mail Stop: _____ Extension: _____

Sponsored Member's Name: _____

Dependent(s) on Family Membership: _____

1. I understand the membership fee on the Payroll Deduction program is continuous enrollment (**circle one**):

	Primary Member:	Primary Plus Sponsored:	Family Membership:
Hospital Authority	\$15.84/pay period	\$40.61/pay period	\$45.69/pay period
State of Kansas	\$15.84/pay period	\$40.61/pay period	\$45.69/pay period

*All prices include tax.

2. I hereby apply for a membership at Kirmayer Fitness Center for (**circle one**):

Primary Member

Primary plus Sponsored Member

Family Membership

3. I understand this agreement is a continuous contract until I provide a **60 day notice** to Kirmayer Fitness Center (unless documented medical emergency) by email to kirmayer@kumc.edu. Leaving my position of employment at KU, retirement, etc. will not automatically terminate this contract; a written notification to Kirmayer will still be required.

Member initials _____ Kirmayer front desk associate initials _____

4. I further understand both the Primary and Sponsored Member become jointly and independently responsible for the total payment of the fee set forth in paragraph #1 above, if this agreement is intended to establish membership for both.

Kirmayer Front Desk Associate

Primary Member's Signature