CLEMENTE CENTER MEMBERSHIP PAYROLL DEDUCTION

Application for Continuous Membership

(Effective August 1, 2005)

Member/Employee Name:_____ ID#:_____

Last First

Campus Dept.:_____ Campus Phone #:_____

Email:_____ Local Phone #:_____

PLEASE CHECK ONE: ☐ I am paid 12 months (26 pay periods)
☐ I am paid 9 months (20 pay periods)

This form acknowledges that I want to participate in the payroll deduction plan for membership to the Clemente Center. The plan rates are as follows:

PLEASE CHECK ONE:

	Biweekly Deduction Amount	**Annual Rate**
12 month (26 pay periods)		
☐ Individual	$4.62 + .28 tax = $4.90 Total deduction	$120 + tax
☐ Individual w/1 dependent	$13.85 + .83 tax = $14.68 Total deduction	$360 + tax
☐ Family	$16.15 + .97 tax = $17.12 Total deduction	$420 + tax
9 month (20 pay periods)		
☐ Individual	$4.50 + .27 tax = $4.77 Total deduction.	$ 90 + tax
☐ Individual w/1 dependent	$13.50 + .81 tax = $14.31 Total deduction	$270 + tax
☐ Family	$15.75 + .94 tax = $16.70 Total deduction	$315 + tax

I understand my membership at this rate allows access to Clemente Center during defined 9 month contract.

I am paid 9 month (20 pay periods) but elect to pay full year rate to have year round access to the Clemente Center.

☐ Individual	$6.00 + .36 tax = $6.36 Total deduction	$120 + tax
☐ Individual w/1 dependent	$18.00 + 1.08 tax = $19.08 Total deduction	$360 + tax
☐ Family	$21.00 + 1.26 tax = $22.26 Total deduction	$420 + tax

Note: Biweekly deductions will be same amount regardless of application date. Membership becomes effective immediately. I understand that I will be notified of any rate changes at least 30 days prior to effective change date.

I understand that once I enroll in the payroll deduction option for membership to the Clemente Center, I will have a continuous membership until I either leave Florida Tech or cancel my membership in writing.

Signature: _____ Date: _____

For Office Use

Human Resources:_____ Date Rec.:_____

Clemente Center:_____ Date Rec.:_____