

**CLEMENTE CENTER MEMBERSHIP PAYROLL DEDUCTION**

Application for Continuous Membership

(Effective August 1, 2011)

Member/Employee Name: \_\_\_\_\_ ID#: 900-\_\_\_\_\_  
Last First

Campus Dept.: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

**PLEASE CHECK ONE:**      \_\_\_\_\_ **I am a 12 month (26 pay) employee**  
   \_\_\_\_\_ **I am a 9 month (20 pay) employee**

**This form acknowledges that I want to participate in the payroll deduction plan for continuous membership to the Florida Tech Clemente Center. I hereby give permission to deduct the amount for the following plan:**

**PLEASE CHECK ONE:**

	<u>Bi-weekly Deduction Amount</u>	<u>Annual Rate</u>
<b>12 month (26 pay periods)</b>		
_____ <b>Individual</b>	\$ 6.92 + .42 tax = <b>\$ 7.34 per paycheck</b>	\$180 + tax
_____ <b>Ind. w/ 1 dependent</b>	\$18.46 + 1.11 tax = <b>\$19.57 per paycheck</b>	\$480 + tax
_____ <b>Family</b>	\$20.77 + 1.25 tax = <b>\$22.02 per paycheck</b>	\$540 + tax
<b>9 month (20 pay periods)</b>		
_____ <b>Individual</b>	\$ 6.75 + .41 tax = <b>\$ 7.16 per paycheck</b>	\$135 + tax
_____ <b>Ind. w/ 1 dependent</b>	\$18.00 + 1.08 tax = <b>\$19.08 per paycheck</b>	\$360 + tax
_____ <b>Family</b>	\$20.25 + 1.22 tax = <b>\$21.47 per paycheck</b>	\$405 + tax

I understand my membership at this rate does NOT allow access to the Clemente Center during May, June and July.

**9 month (20 pay periods) but elect to pay full year rate to have year-round access to the Clemente Center**

_____ <b>Individual</b>	\$ 9.00 + .54 tax = <b>\$ 9.54 per paycheck</b>	\$180 + tax
_____ <b>Ind. w/ 1 dependent</b>	\$24.00 + 1.44 tax = <b>\$25.44 per paycheck</b>	\$480 + tax
_____ <b>Family</b>	\$27.00 + 1.62 tax = <b>\$28.62 per paycheck</b>	\$540 + tax

**I understand that bi-weekly deductions will be the same amount, regardless of application date, and that I will be notified of any rate changes at least 30 days prior to the effective change date. Clemente Center membership for me (and my dependents) will begin as soon as this payroll deduction form is submitted, along with a membership application and liability waiver (for each member). I also understand that once I enroll in this payroll deduction option, 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 Received: \_\_\_\_\_

Clemente Center: \_\_\_\_\_ Date Received: \_\_\_\_\_