

CLEMENTE CENTER MEMBERSHIP PAYROLL DEDUCTION

Application for Continuous Membership - *Effective 4/3/19*

Member/Employee Name: _____ ID#: 90
Last First

Campus Dept.: _____ Campus Phone #: _____

Email: _____ Local Phone #: _____

PLEASE CHECK ONE: _____ I am a 12 month (26 pay) employee _____ I am a 10 month (22 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:

<u>PLEASE CHECK ONE:</u>	<u>Bi-weekly Deduction Amount</u>	<u>Annual Rate</u>
12 month (26 pay periods)		
_____ Individual	\$ 6.92 + .48 tax = \$ 7.40 per paycheck	\$180 + tax
_____ Ind. w/ 1 dependent	\$18.46 + 1.29 tax = \$ 19.75 per paycheck	\$480 + tax
_____ Family	\$20.77 + 1.45 tax = \$ 22.22 per paycheck	\$540 + tax

9 month (20 pay periods)		
_____ Individual	\$ 6.75 + .47 tax = \$ 7.22 per paycheck	\$135 + tax
_____ Ind. w/ 1 dependent	\$18.00 + 1.26 tax = \$ 19.26 per paycheck	\$360 + tax
_____ Family	\$20.25 + 1.42 tax = \$ 21.67 per paycheck	\$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		
_____ Individual	\$ 9.00 + .63 tax = \$ 9.63 per paycheck	\$180 + tax
_____ Ind. w/ 1 dependent	\$24.00 + 1.68 tax = \$ 25.68 per paycheck	\$480 + tax
_____ Family	\$27.00 + 1.89 tax = \$ 28.89 per paycheck	\$540 + tax

10 month (22 pay periods)		
_____ Individual	\$ 6.82 + .48 tax = \$ 7.30 per paycheck	\$150 + tax
_____ Ind. w/ 1 dependent	\$18.18 + 1.27 tax = \$ 19.45 per paycheck	\$400 + tax
_____ Family	\$20.45 + 1.43 tax = \$ 21.89 per paycheck	\$450 + tax

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

10 month (22 pay periods) but elect to pay full year rate to have year-round access to the Clemente Center		
_____ Individual	\$ 8.18 + .57 tax = \$ 8.75 per paycheck	\$180 + tax
_____ Ind. w/ 1 dependent	\$21.82 + 1.53 tax = \$ 23.35 per paycheck	\$480 + tax
_____ Family	\$24.55 + 1.72 tax = \$ 26.27 per paycheck	\$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: _____