

STUDENT FITNESS CENTER
Faculty/Staff Payroll Deduction Program
Authorization Form

Please Print Clearly:

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Faculty

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Staff

Member Name: _____ Member #: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Emergency Contact Person and Phone Number: _____

_____ I authorize Southern Illinois University Edwardsville to deduct from twenty-four of my
Initials _____ year paychecks twenty-four equal payments of \$10.00 each, for a total
amount of \$240.00, for a year's membership to the Student Fitness Center.

_____ I understand that this membership must be kept for one year.
Initials

Open enrollment for this membership will be the first two weeks of the previous December of each year and the membership will be in effect from the date of sign-up until December 31st of the next year. Participants are then required to re-enroll for each year.

SIGNATURE OF SIUE SFC MEMBER

DATE:

PRINTED NAME OF SFC STAFF