



UCO WELLNESSCENTER.COM

MEMBERSHIP APPLICATION FORM

All memberships consist of a one year contract. All memberships, excluding Summer, also have a one time non-refundable joining fee of \$50.00.

APPLICANT INFORMATION

Applicant Name: _____ UCO ID: (if applicable) * _____
 Email: _____ Date of Birth: _____
 Phone Numbers: Cell: () - Work: () - Home: () -
 Address: _____ City: _____
 State: _____ Zip: _____

You will need to purchase a Wellness Center parking permit for \$35. Valid from July 1st -June 30th.

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship to Applicant: _____
 E-mail: _____ Phone: () - UCO ID: (if applicable) * _____

PAYMENTS	MEMBER - Individual				HOUSEHOLD MEMBER - Individual			
	Joining Fee	Parking	6 months	1 year	Joining Fee	Parking	6 months	1 year
UCO Employee	NO COST TO EMPLOYEE				\$50	\$35	\$150	\$300
Community / General Public	\$50	\$35	\$225	\$450	\$50	\$35	\$150	\$300
UCO Alumni Association	\$50	\$35	\$175	\$350	\$50	\$35	\$150	\$300
Senior Citizen (55 - 65)	\$50	\$35	\$125	\$250	\$50	\$35	\$150	\$300
Super Senior (65+)	\$50	\$35	\$112.50	\$225	\$50	\$35	\$150	\$300
UCO Student	NO COST TO STUDENT				\$50	\$35	\$150	\$300
UCO Retired Employee	NO COST TO EMPLOYEE				\$50	\$35	\$150	\$300
	Joining Fee	Parking	Rates					
Summer	NONE	\$10	\$100 (May 15 - Aug 15 only)					

AUTHORIZATION

CONTRACT ACKNOWLEDGMENT

I understand this is an Annual Contract and I am liable for the duration of the years' time. The billing cycle begins on the 1st and ends the last day of each month; accounts are not credited for months when the University is closed for holidays, etc.

By signing, I agree to the terms of this application.

Signature of Applicant: _____ Date: _____

Signature of Sponsor: _____ Date: _____

Print Sponsor Name: _____

UCO ID: *

FACULTY / STAFF PAYROLL DEDUCTION ONLY

I hereby authorize UCO to deduct Wellness Center dues on a monthly basis through payroll deduction. Cancellation of membership dues deduction must be requested by completing the "Add/Drop Form" in the Payroll Office no later than the 5th of the month and will be processed for the next available pay period.

Signature of Full-time FACULTY/STAFF Applicant _____

Please note: Adjuncts cannot participate in Payroll Deduction.

FOR OFFICE USE ONLY

Date received: _____ Cash / Credit / Check _____ Temporary card expiration: _____
 Receipt #: _____ Audit: _____ ID ordered: _____
 Amount due: _____ Portal: _____ Initialed by: _____

Revised 07/22/16

Disclaimer: Fees are subject to change without notice. It is recommended that you see a physician before beginning any exercise or nutrition program.