



**Faculty/Staff/Spouse - Membership Form**

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

KSU Department \_\_\_\_\_ KSU ID # \_\_\_\_\_

Work Ext \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home/Mobile Phone \_\_\_\_\_

Male/Female (M/F) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**Select membership type:**

Membership Type	Payment Amount and Frequency		
	Semester	Monthly	Annually
<b>12-Month Faculty/Staff Employee</b> (access to both Kennesaw and Marietta campuses)		\$35.00 _____	\$420.00 _____
<b>10- Month Employee</b> (access to both Kennesaw and Marietta campuses)		\$42.00 _____	\$420.00 _____
<b>Spouse</b> (access to both Kennesaw and Marietta campuses)		\$40.00 _____	\$480.00 _____
<b>12-Month Combo Siegel Center/Marietta and Employee Fitness Center</b>		\$38.00 _____	\$456.00 _____
<b>10-Month Combo Siegel Center/Marietta and Employee Fitness Center</b>		\$45.60 _____	\$456.00 _____
<b>Faculty/Staff</b> (Marietta campus only)	\$30.00 _____		\$90.00 _____
<b>Outdoor Adventures</b> (Climbing Gym, Bike Shop, Nature Bound, Equipment Rentals)	\$40.00 _____		\$120.00 _____

**Emergency Contact:**

Name: \_\_\_\_\_

Home/Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Submit Membership Form to:**

Kennesaw Campus   
 Student Recreation and Activities Center Room 1101  
 470-578-6913

Marietta Campus   
 Student Recreation Center Front Desk  
 678-915-7349

# Faculty/Staff Payroll Deduction Authorization:

Temporary employees are not eligible for payroll deduction.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

KSU ID # \_\_\_\_\_

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Payroll Deduction Frequency (Check one below):

Monthly \_\_\_\_\_

Biweekly \_\_\_\_\_

One-time Deduction \_\_\_\_\_

I am a benefits-eligible Kennesaw State University employee and I hereby authorize Kennesaw State University to deduct Recreation or Recreation and EFC Membership Dues from my paycheck as indicated by the above checked membership type(s). I understand that my membership dues paid through payroll deduction will automatically continue unless a cancellation form is completed and returned to the Department of Sports and Recreation. I also understand in the event of altered facility hours or closures; membership fees will not be prorated.

**I understand that requests submitted after the 20<sup>th</sup> of the month, will not be processed until the following month**

**and I am required to pay the first month upfront.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Sports Rec. Staff Use Only:

<b>Amount of Deduction:</b> \$ _____	<b>SRAC/43REC (Kennesaw)</b> \$ _____	<b>MCREC/43RAC (Marietta)</b> \$ _____	<b>EFC/43FIT</b> \$ _____
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Payroll Deduction Change

Effective Date \_\_\_\_\_