UCO WELLNESS CENTER MEMBERSHIP APPLICATION

APPLICANT INFORMATION	PLEASE PRINT AND COMPLETE ALL SECTIONS	
Name:		
Date of birth:	**SSN:**	**Phone:**
Current address:		
City:	**State:**	**ZIP Code:**
E-mail address:		

EMPLOYMENT INFORMATION		
Company:	**Phone:**	**Extension:**

EMERGENCY CONTACT
Contact Person and Phone Number:

SPOUSE INFORMATION (IF SPOUSE IS A STUDENT)	HOURS ENROLLED:	
Name:	**E-mail address:**	
Date of birth:	**SSN:**	**Phone:**

FOR MEMBERSHIP, CIRCLE ALL THAT APPLY:			
Full-time Faculty/ Staff/ **Adjunct**	$22/mo.*	$240 annual prepay	*I hereby authorize UCO to deduct Wellness Center dues on a monthly basis through payroll deduction as indicated above. 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.
Faculty/Staff Spouse or Student Spouse	$12/mo.	$120 annual prepay	
UCO Alumni	$32/mo.	$360 annual prepay	
Alumni Association Member	$22/mo.	$240 annual prepay	
Alumni or Alumni Association Member Spouse	$12/mo.	$120 annual prepay	Signature of **Full-time** Faculty/Staff Member ****Adjunct: $22 monthly. Cannot do Payroll Deduction. Not required to do an Annual Membership.** Sign bottom of form only.**

WELLNESS CENTER USE ONLY	
Enrollment Date:	Date Faxed to Hiring and Benefits:

Payment made by: Check# _____ Amt. _____ Cash_____
CC Type _____ Amt. _____
Temporary Card Expiration _____ SSN & DOB verified ____ Issued By: _____
(Good for 2 weeks from issue date)

SIGNATURES	
I understand this is an **Annual Membership**. I have the option of paying the year out in monthly installments, or I may prepay the year with additional savings. Payments are due at the 1st of each month; the billing/membership 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.; accounts will be inactivated for non-payment and access to the Wellness Center will be denied until all outstanding Wellness Center charges are paid in full. **By signing, I agree to the terms of this application.**	
Signature of applicant:	**Date:**
Signature of student or spouse: (if applicable)	**Date:**