

New Membership: Yes No

Cancel Membership: Yes No

***Please read and complete this entire form:

| | |
|---|--|
| FACULTY/ STAFF NAME: <small>(PLEASE PRINT LEGIBLY – AS APPEARS ON PAYCHECK)</small> | |
| UT EID: <small>(Example: RC123456)</small> | BANNER #: <small>(Example: @00000000)</small> |
| DATE OF BIRTH: / / | EMAIL ADDRESS: |
| DAY TIME PHONE #: () | |
| SPOUSE/ PARTNER NAME(if joining): | |
| DATE OF BIRTH: / / | |
| DAY TIME PHONE #: () | EMAIL ADDRESS: |

MEMBERSHIPS: (Check all that apply)

Faculty / Staff **\$30.00/Month**

Spouse / Partner **\$30.00/Month**

LOCKERS:

FACULTY / STAFF MEMBER (Check all that apply)

| | | | | |
|--------------------|--|-----------------------------|--|--------------------------|
| 1604 CAMPUS | <input checked="" type="checkbox"/> <input type="checkbox"/> | full Locker \$9.00/Month | <input checked="" type="checkbox"/> <input type="checkbox"/> | ½ Locker \$5.00/Month |
|--------------------|--|-----------------------------|--|--------------------------|

DOWNTOWN CAMPUS ½ Locker
\$5.00 Month

SPOUSE / PARTNER MEMBER (Check all that apply)

| | | | | |
|--------------------|--|-----------------------------|--|--------------------------|
| 1604 CAMPUS | <input checked="" type="checkbox"/> <input type="checkbox"/> | full Locker \$9.00/Month | <input checked="" type="checkbox"/> <input type="checkbox"/> | ½ Locker \$5.00/Month |
|--------------------|--|-----------------------------|--|--------------------------|

DOWNTOWN CAMPUS ½ Locker
\$5.00 Month

My signature below authorizes The University of Texas at San Antonio (UTSA) to pay UTSA Campus Recreation, on my behalf, in lieu of compensation otherwise payable directly to me, for Recreation Center Membership fees. This agreement is executed effective with compensation earned on or after execution of this agreement, and pursuant to provisions of Section 132(f) of the Internal Revenue Code of 1986, as amended, and as authorized under Section 659.202, et. Seq., *Government Code, Vernon's Texas Civil Statutes*, as amended. The payroll deduction amount each month will be based on the current rate of UTSA Recreation Center membership(s). **My deduction for my Rec Center membership(s) and/or locker rental(s) is \$_____ per month.**

Your membership is a commitment (contractual agreement) with UTSA Campus Recreation. Payment for your membership will begin to be deducted on _____ DATE.

SIGNATURE: _____ **DATE:** _____

Campus Recreation Staff Name (staff member receiving the form): _____
PLEASE PRINT LEGIBLY

I understand that I may change or revoke the above authorization. Requests for change or revocation of payroll deduction must be submitted by completing this form again at the Membership Services Desk in the UTSA Recreation Center. I also understand that if said request is submitted **on or before the fourteenth (14th) day of the month**, the revocation will go into effect immediately, your membership will be valid through the last day of the current month, and no further deductions will be made. Otherwise, one additional deduction will be made on the first of the following month and your membership will be valid through the last day of that month. **Payroll deduction deadlines are based on payroll cut-off dates; thus, refunds will not be issued.** Should my UTSA employment be terminated, I understand there are no prorated refunds and I will not have facility access after my termination date. Further, I understand Campus Recreation membership and locker rental rates are subject to change in September of each year.

NEW MEMBERSHIPS AND CANCELLATIONS MUST BE RECEIVED BY THE 14TH OF THE MONTH FOR PROCESSING BY PAYROLL DEDUCTION CUT-OFF DATES.
RETURN THIS FORM TO: Campus Recreation, Attn: Tony Daniels, Director of Operations
Phone (210) 458-6262, e-mail: tony.daniels@UTSA.edu