



Membership Agreement

NAME: _____ UCID No: _____

E-MAIL: _____

HOME ADDRESS: _____ Post Code: _____

PHONE#: _____ DATE of BIRTH: _____

DEPARTMENT: _____ BUILDING: _____

MEMBER TYPE: _____

TOWEL SERVICE: _____

MEMBERSHIP LENGTH: _____

Towel Rental fees are \$11 for shower towels. If purchasing for the first time, a refundable \$5.00 deposit will be charged (Payroll deductions not available).

Membership Extension (4 month membership extended 8 months) TOWEL SERVICE (8 months): Yes No
Membership Expiry date: _____ **Initial** _____

Memberships are fully refundable during the **first 2 week period of the initial membership***, after which memberships are non-refundable and non-transferable with the exception of extenuating medical circumstances - proof will need to be provided. *valid for 4 and 12 month only

Towel Rental fees are paid up-front, in advance of a membership. If purchasing for the first time, a refundable \$5.00 deposit will be charged. Contact **UCalgary Active Living** at **403-220-5029** for more details.

Payment:

Credit Card

Credit Card number: _____

Exp: _____

CREDIT CARD PAYMENT: **ONE TIME** **4 PAYMENT PLAN** (over 1st 4 months of membership- Annual only)

Payroll Deduction (Annual membership, University of Calgary Staff ONLY)

I hereby authorize the University of Calgary Payroll Department to deduct monthly from my earnings one-twelfth the annual UCalgary Active Living Membership fee and to transfer that amount to UCalgary Active Living on my behalf.

- In the event of price change, fees will be adjusted accordingly.
- Staff/faculty members who cancel payroll deductions will not be eligible to use this service for six months from cancellation date.
- Towel service is not payroll deductible

Deductions will commence _____ 20____. **Initial** _____

I have read and agree to the above membership policy and the "Facility Use Guidelines".

Signature: _____ Date: _____

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required for payroll purposes. If you have questions about the collection or use of this information, contact the Membership Supervisor at 403 - 220 - 6562