



Membership Agreement

NAME: _____	UCID No: _____
E:MAIL: _____	D.O.B. _____
HOME ADDRESS: _____	POSTAL CODE _____
DEPARTMENT: _____	BUILDING: _____
ROOM: _____	PHONE#: _____
MEMBER TYPE:	LOCKER SERVICE:
MEMBERSHIP TYPE:	HSC KEY:
LENGTH OF MEMBERSHIP:	*Please check website for available membership options*

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 (Kinetix 4 and 12 month memberships only, HSC Only membership is final sale)

Locker Service - \$14/mth - fees are paid up-front, in advance of a membership. If purchasing for the first time, a refundable \$25.00 deposit will be charged.

Payment:

☐ **Credit Card**

CREDIT CARD PAYMENT:

* Kinetix staff will inform on payment options once membership is confirmed.

☐ **Payroll Deduction (Kinetix 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 UofC Active Living Membership fee and to transfer that amount to UofC 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.**
- **Locker service is not payroll deductible**
 - **Payments will commence on my next 25th of the month paycheque**

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

Kinetix Fitness and Wellness Centre, Faculty of Medicine

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