



CULLMAN WELLNESS & AQUATIC CENTER

CORPORATE MEMBERSHIP APPLICATION

EMPLOYEE NAME _____ DATE _____

EMPLOYER _____ DEPARTMENT _____

DOB _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

SECONDARY MEMBER _____ DOB _____

PHONE _____ EMAIL _____

DEPENDENTS

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

CIRCLE MEMBERSHIP* (price reflects discount)

FAMILY \$74.00

COUPLES \$64.00

INDIVIDUAL \$48.00

CHILDCARE ADD-ON

\$15/Month (Only applies to the individual membership; the family membership includes childcare.)

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize my employer to deduct dues in the amount I have indicated above from my payroll check. I understand that if negative earnings or zero earnings occur at any point, all payments due must be made current by payment at the customer service desk or will be added to future deductions. Defaulting on payment will be subject to collections if left unpaid for 90 days. I understand that these rates include my employee discount, and no additional discounts apply.

Membership Effective _____ Prorate Paid Today\$ _____ Payroll Deduction Effective _____

EMPLOYEE SIGNATURE _____ DATE _____