



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 \_\_\_\_\_

Corporate members with payroll deduction receive 10% off the membership rate, waived enrollment fee, no contract, 10% off party rentals, and membership dues are payroll deducted. *Please note the Wild Water Park is not included in the membership effective for the 2022 season.*

**CIRCLE MEMBERSHIP\* (price reflects discount)**

FAMILY \$62.10

COUPLES \$54.00

INDIVIDUAL \$40.50

**CIRCLE ADD-ON**

UNLIMITED PERSONAL TRAINING \$215/MONTH

UNLIMITED SEMI-PRIVATE TRAINING \$150/MONTH

CHILDCARE \$15 (only applies to individual membership; family memberships include 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 \_\_\_\_\_