Recreational Sports Center Membership Fee
Payroll Deduction Authorization
Sul Ross State University
Alpine, TX 79832

I authorize a monthly payroll deduction as indicated below for Annual Membership for the Graves-Pierce Recreational Sports Center:

SRSU Employee Individual Membership Monthly Fee

____ 12 (twelve) month salary ($12.67) ____ 9 (nine) month salary ($16.89)

SRSU Employee & Family Membership Monthly Fee

____ 12 (twelve) month salary 2-4 members ($19.25) ____ 9 (nine) month salary 2-4 members ($25.67)
____ 12 (twelve) month salary 5 members ($24.25) ____ 9 (nine) month salary 5 members ($32.33)
____ 12 (twelve) month salary 6 members ($29.25) ____ 9 (nine) month salary 6 members ($39.00)
____ 12 (twelve) month salary 7 members ($34.25) ____ 9 (nine) month salary 7 members ($45.67)
____ 12 (twelve) month salary 8 members ($39.25) ____ 9 (nine) month salary 8 members ($52.33)
____ 12 (twelve) month salary 9 members ($44.25) ____ 9 (nine) month salary 9 members ($59.00)

	Family Member Names:	Date of Birth:	Family Member Names:	Date of Birth:
Spouse	_____	_____		
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

I understand that this deduction will begin with the current payroll cycle and will continue until the end of the current fiscal year. The enrollment will automatically carry over into the next fiscal year unless cancelled in writing during August in any future year. I agree to future membership fee increases unless I cancel my enrollment in writing in August. The University reserves the right to change the hours or services without prior notice which will not change the terms of this contract. Deductions may not be canceled until the end of the fiscal year for any reason other than separation from employment at which time membership privileges will cease. Fees are not transferable or refundable.

_____ Enroll in Recreational Sports Payroll Deduction Effective (date)_____

_____ Cancel Recreational Sports Payroll Deduction Effective September 1, _____

Employee Name Printed _____ ”A” # _____

Employee Signature _____ Date_____

Completed form must be returned to the Human Resources Office in BAB 110 or Box C-13 for payroll processing.

Human Resources _____ Date _____

Revised 2/12