

## FACULTY/STAFF/RETIREE/SPOUSE MEMBERSHIP CONTRACT

## PLEASE PRINT

			Date:		
Last Name	First Name	МІ	_		
Address		City	ST	Zip	
Phone	Email			UIN	
			🗖 Male 🛛	Female	
			Faculty	Staff	
Faculty / Staff Depa	artment <u>(All</u> Members)	Work Phone	C Retiree	Spouse	
Emergency Contac	et:				
Name: Relationship:		o:	Phone #:		
	BERSHIP (Faculty, Staff, Re	tiree/Spouse):			
-			Р	AYROLL DEDUCTION	
\$100 Faculty/Staff/Retiree (Fall/Spring)		3)	(Must be set up by 1st week in Sept./Jan.)		
\$125 Spouse (Fall/Spring)			A signed Payroll Deduction Authorization Form is		
<b>5</b> 0 for 2 M	onth Summer (June-July)		A signed Payroli Do	required.	
\$250 for Anr	nual \$500 for Faculty/St	aff & Spouse Annua	al		
University System and UIN. I underst no refunds or pro-	with the policies and procedure . I agree to provide the informat tand that by signing this Contrac rating will be given for any reaso as after paying for their members	ion requested above, ct, it cannot be cancel on. If a faculty/staff me	including a current Ta led until the end of th ember pays the recrea	arleton Staff/Faculty ID e contract period and that	
	Signature			Date	
information about you	e law requires that you be inform rself collected by use of this form n; and (3) you are entitled to have a	(with a few exceptions	as provided by law); (2		
	F	OR OFFICE USE ONLY	(		
DATE RECEIVED:			RECEIPT NO.:		
TOTAL MEMBERSHIP	Paid: \$		PAYMENT TYPE:	Cash Card	
Semester(s):		]	_	Снеск: #	
		JUNE-JULY		PAYROLL DEDUCTION	

PROCESSED BY: \_\_\_\_\_DATE PROCESSED: \_\_\_\_\_