COLLIER COUNTY FITNESS CENTER
Enrollment Form for Collier County Employees and Dependents

☐ BCC ☐ Clerk of Courts ☐ Property Appraiser ☐ Supervisor of Elections

Employee Information: ☐ New Member ☐ Renewal ☐ Adding Family Members

Name: _____ Department: _____

SAP # / Employee #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Dependent Information:
(Collier County Employee must be enrolled in the payroll deduction program in order to add additional family members)

Dependent's Last Name	First Name	Relationship	Male/Female	Date of Birth

Countywide Membership	Annual Membership to be Deducted	Price per Pay Period
Employee per pay period	$114.00*	☐ $4.65
Additional Spouse/Family Member	$100.00*	☐ $4.08
**All memberships are subject to 6% sales tax*		
Fitness memberships are valid for 26 pay periods.		

Total amount due per pay period for Collier County Fitness Membership: $_____

Membership Start Date: ____/____/____

_____ Initial I understand that this program will remain in force for one year. Fitness memberships are not subject to refund unless accompanied by verified and accepted documentation.

Please enroll those listed above into the Collier County Fitness Center Payroll Deduction Program. **Termination of employment will void your Fitness Center membership.**

_____ Employee Signature _____ Date

For NCRP Office Use Only

Payroll deduction will begin on ____/____/____ **and end on** ____/____/____ **Submitted to HR:** ____/____/____

Staff Initials: _____ **Confirmation from HR:** ____/____/____

Original copy – NCRP Fitness Center Copy - Employee