



COLLIER COUNTY FITNESS CENTER

Enrollment Form for Tax Collector Employees and Dependents



Employee Information: New Member* Renewal* ****Wellness Fitness Center is exclusive to Employees ONLY - Badge Access Required***

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

All memberships must have the same effective start date to qualify for payroll deduction

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*	<input type="checkbox"/> \$5.08
Additional Spouse/Family Member	\$100.00*	<input type="checkbox"/> \$4.46
*All memberships are subject to 7% sales tax		
Fitness memberships are valid for 24 pay periods.		

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

Membership Start Date: ____/____/____

_____ **I understand that this program will remain in force for one year. Fitness memberships are not subject to**
Initial **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: ____/____/____