



optimal you

THE OPTIMAL YOU FITNESS FACILITY PAYROLL DEDUCTION AND MEMBERSHIP UPDATE FORM

Please check the appropriate box below:

Enroll

Cancel

Change Type of Membership

Remove Member(s)

EMPLOYEE INFORMATION

LAST NAME		FIRST NAME	
EMPLOYEE ID NUMBER	WORK PHONE EXTENSION	MAIL CODE	DEPARTMENT NUMBER

TYPE OF MEMBERSHIP (select one)

Individual (\$14.00)

Family (\$18.00)

Spouse's Name _____

Dependent's Name _____

Dependent's Name _____

Dependent's Name _____

Dependent's Name _____

Employee Signature _____

Date _____

The payroll deduction will continue until the Fitness Facility Staff receives a cancellation.

Please return the completed and signed form to the Optimal You Fitness Facility at 14-1N.