



City of Bryan

Barcode # _____

Effective _____

Gold's Gym Corporate Membership Division
Payroll Deduct Enrollment Form

Membership Plan:

Please check which applies:

City of Bryan

BTU

#1: EMPLOYEE ONLY

Enrollment Fee-\$25 / Employee Monthly Deduction-\$15 / City's Contribution-\$7.50 per month / Total-\$22.50 per month

#2: EMPLOYEE + ONE FAMILY MEMBER

Enrollment Fee-\$25 / Employee Monthly Deduction-\$35 / City's Contribution-\$7.50 per month / Total-\$42.50 per month

#3: EMPLOYEE + TWO FAMILY MEMBERS

Enrollment Fee-\$25 / Employee Monthly Deduction-\$55 / City's Contribution-\$7.50 per month / Total-\$62.50 per month

#4: EMPLOYEE + THREE FAMILY MEMBERS

Enrollment Fee-\$25 + Tax/Employee Monthly Deduction-\$75 / City's Contribution-\$7.50 per month / Total-\$82.50 per month

In signing this form, I understand this is a term membership and I agree to participate in my company's corporate membership plan through the date of the company's renewal. If I choose to continue my individual membership, I agree to contact Gold's Gym Corporate Membership Division within 30 days to process the transfer of my membership. I also agree to allow City of Bryan to deduct my dues and any family member's dues directly from my paycheck each pay period. By signing this agreement, (A) I acknowledge that this agreement is a contract that will become legally binding upon its acceptance by Gold's Gym, (B) that I have examined the gym facilities and accept them in present condition, (C) that Gold's Gym makes no representations or warranties to me as a member either expressly or implied, except to the extent expressly set forth in this agreement.

In signing, I am also confirming that I have read this Gold's Gym membership agreement and that I nor any family members joining on this plan will hold liable, either City of Bryan or Gold's Gym, for any injuries incurred while working out on Gold's Gym premises. I understand that this membership is non-refundable.

Print Employee Name Birth Date Phone

Print family add on name (s) Birth Date Phone

Address State Zip Code

Email address

Employee/Purchaser Signature Date

Risk Management Signature Date

I authorize Gold's Gym to charge my bank or credit card account for a one time \$25 + Tax enrollment fee.

Master Card Visa American Express Discover

Credit Card Account Number

Exp. Date

Please pick up your barcode from the front desk