



Effective _____

City of Bryan
Snap Fitness BCBS Membership
Payroll Deduct Enrollment Form

Membership Plan:

Please check which applies:

#1: EMPLOYEE (SINGLE MEMBERSHIP)

Employee Monthly Payroll Deduction-\$24.92 / City's Contribution-\$7.50 per month / Total-\$32.42 per month

#2: EMPLOYEE + ONE (JOINT MEMBERSHIP)

Employee Monthly Payroll Deduction-\$41.16 / City's Contribution-\$7.50 per month / Total-\$48.66 per month

#3: EMPLOYEE + TWO-THREE (FAMILY MEMBERSHIP)

Employee Monthly Payroll Deduction-\$51.99 / City's Contribution-\$7.50 per month / Total-\$59.49 per month

Access cards will be issued by Snap Fitness upon initiation. Access cards will be \$15.00 plus tax and collected upon initiation by Snap Fitness.

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 Snap Fitness BCS 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 Snap Fitness BCS, (B) that I have examined the gym facilities and accept them in present condition, (C) that Snap Fitness BCS 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 Snap Fitness BCS agreement and that I nor any family members joining on this plan will hold liable, either City of Bryan or Snap Fitness BCS, for any injuries incurred while working out on Snap Fitness BCS premises. I understand that this membership is non-refundable.

Print Employee Name **Birth date** **Phone**

Address **State** **Zip Code**

Email address (required)

***Print family add on name (s)** **Birth date** **Phone**

***Print family add on name (s)** **Birth date** **Phone**

***Print family add on name (s)** **Birth date** **Phone**

Employee/Purchaser Signature **Date**

Risk Management Authorization **Date**

*Joint, Family or Add-ons members must reside at the same address.
*Please bring copy of enrollment form to Snap Fitness BCS to enroll.