Faculty, Staff, Retiree & Foundation

Recreational Activities Membership

MSUB MONTANA STATE UNIVERSITY BILLINGS

January 1, 2018 - August 31, 2018

Employee Membership Information – Must be MSUB employee or MSUB Foundation employee. All information REQUIRED!

Last Name_____ **First Name**_____ **MI**___

Employee ID # - ___ ___ ___ ___ ___ ___ ___ ___ **Department**_____

Campus Phone _____ **Phone** (_____) _____ - _____ **Gender:**

Email: **Renewal: Yes No**

I understand all terms and conditions listed on the reverse side of this form.

Signature:_____ Date: _____ / _____ / _____

☐ **Annual Plan (Spring & Summer) - Membership Expires August 31, 2018**

Plan Options

	Current Month	# of months remaining before August 31					Rate	Sub-totals
☐ **Membership:**		8	7	6	5	X	$10 / month	
☐ **Towel Service:** Given a towel at sign-up. Return used towel to receive clean towel.							$10.00	
☐ **Locker Rental:** Men's or Women's **Locker Number:**							$20.00	
Lock Serial: Combo: ___ ___ ___ ___							**Total Due Annual Plan:**	

☐ **Semester Plan (Spring) - Membership Expires April 30, 2018**

Plan Options

	Current Month	# of months remaining before April 30					Rate	Sub-totals
☐ **Membership:**		4	3	2	1	X	$10 / month	
☐ **Towel Service:** Given a towel at sign-up. Return used towel to receive clean towel.							$5.00	
☐ **Locker Rental:** Men's or Women's **Locker Number:**							$10.00	
Lock Serial: Combo: ___ ___ ___ ___							**Total Due Academic Plan:**	

☐ **Free Fitness Assessment:** Sign-up for a free fitness assessment. Assessments are a great way to get a baseline of your overall health and fitness. Regardless of your fitness level, these tests can help you set specific, realistic and reachable goals. Senior HHP majors enrolled in KIN 415- Advanced Exercise Testing & Prescription, perform evaluations. Questions? alex.shafer@msubillings.edu

PAYMENT

Total Amount Due:_____

Pay with:

☐ Credit ☐ Cash ☐ Check

☐ Payroll Deduction (Annual or Academic Plan only)

Payroll Deduction Payment: Payroll deduction is only available for the Annual and Academic Plans. I authorize the MSU Billings Payroll Office to take bi-weekly deductions beginning with the pay on 9/29/17 and ending on 5/25/18 to satisfy the total amount due to Recreation Activities. If sign up occurs after 9/17/2017, I understand the bi-weekly amount will be prorated based on the remaining number of pay periods through 5/25/18.

_____ _____ / _____ / _____

Signature Date

Rec Activities Staff: _____ Date:_____