

STUDENT RECREATION CENTER
Benefit Eligible Faculty/Staff
Membership Application

Employee Name _____
(First name, middle initial, last name)

WIN # _____

Address _____

City _____ State _____ Zip _____

University Department _____

Home Phone _____ Work Phone _____

Email Address _____

Referred By _____

Fall 2009 – Summer II 2010 \$225.00 (you only pay taxes)
(September 6, 2009 – August 20, 2010)

Membership begins on the first semester day based on the University calendar.

IMPORTANT TAX INFORMATION

I hereby authorize the payroll department to deduct taxes from my paycheck. I understand this agreement is non-revocable and cannot be refunded for any reason. I understand that \$225.00 will be reported as extra income and I will be taxed on this amount.

WMU Employee Signature _____

Date _____

Approved & Accepted by _____

Date _____

(see back)