

Angelo State University
UREC Pass Registration Form

I wish to purchase a UREC Pass:

EMPLOYEE - \$120.00/year (Must purchase in order to purchase for other eligible family members)

_____ CID # _____ Last Name _____ First Name _____ M.I.

Email: _____ Contact #: _____

FOR MY SPOUSE/SIGNIFICANT OTHER - \$120.00/year (Spouse or Significant Other Living at Same Residence may purchase a UREC Pass)

_____ CID # (required if available) _____ Last Name _____ First Name _____ M.I.

FOR MY DEPENDENTS - \$120.00 each per year (Children Living at Same Residence under the age of 19 may purchase a UREC Pass)

CID # (required if available)	Name	*Birth Date (required)

I will pay the total amount of _____ today with Cash Credit/Debit Check

VALID THROUGH: _____ RECEIPT #: _____

UREC INT MEM

I want Payroll Deduction.

I am paid Monthly Hourly | I am a 12 Month Employee 9 Month Employee:
 Paid over 9 mos.
 Paid over 12 mos.

DESIGNATION OF DEDUCTION AMOUNT

Monthly Amount: _____ Begin Date: _____

AUTHORIZATION FOR PAYROLL DEDUCTION

I voluntarily authorize ASU to pay the University Recreation Department for Recreation Fees as indicated above. **I understand that this deduction will be in effect unless I submit a cancellation notice or changes in writing.** The amount of each will be based on the current rate of membership and the number of months that the deduction will cover. All deductions are based on payroll deadlines and must adhere to these deadlines. **All forms must be submitted to the Center for Human Performance, Room 112.**

_____ Employee's Signature _____ Date