Angelo State University

UREC Pass Registration Form

I wish to purchase a UREC Pass	5:			
EMPLOYEE - \$48.00/year (Must purc	hase in order to purchase for oth	ner eligible family members)		
CID#	Last Name		First Name	M.I.
Email:		Contact #	# :	
FOR MY SPOUSE/SIGNIFICANT OTH	HER - \$120.00/year (Spouse	or Significant Other Living at Same R	Residence may purchase a UREC	Pass)
CID # (required if available)	Last Name		First Name	M.I.
FOR MY DEPENDENTS - \$120.00 ea	ach per year (Children Living a	t Same Residence under the age of	19 may purchase a UREC Pass)	
CID # (required if available)	I	Name	*Birth Date (re	quired)
I will pay the total amount of VALID THROUGH:			Credit/Debit Check #: 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 DEE	OUCTION AMOUNT		
Monthly Amount:		Begin Date:		
AUTHORIZATION FOR PAYROLI	L DEDUCTION			
I voluntarily authorize ASU to pay understand that this deduction v amount of each will be based on t cover. All deductions are based submitted to the Center for Huma	vill be in effect unless I s the current rate of member on payroll deadlines and	ubmit a cancellation notice ership and the number of mo I must adhere to these dea	or changes in writing. Tonths that the deduction w	he vill

Date

Employee's Signature