## **Angelo State University**

## **UREC Pass Registration Form**

I wish to purchase a UREC Pass	<b>:</b>			
EMPLOYEE - \$48.00/year (Must purc	hase in order to purchase for other	· eligible family members)		
CID#	Last Name	F	First Name	M.I.
Email:		Contact #	:	
FOR MY SPOUSE/SIGNIFICANT OTE	HER - \$120.00/year (Spouse or	Significant Other Living at Same R	esidence may purchase a UREC P	'ass)
CID # (required if available)	Last Name	F	First Name	M.I.
FOR MY DEPENDENTS - \$120.00 ea				
CID # (required if available)	Na	ime	*Birth Date (req	<sub>l</sub> uired)
I will pay the total amount of	todov.	with Coch C	radit/Dahit Chask	
I will pay the total amount of	today \	<b>with</b> Cash Cr	redit/Debit Check	
VALID THROUGH:		RECEIPT #	t:	:
			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 DEDU	ICTION AMOUNT		
	DESIGNATION OF DEDO	CHON AMIOUNT		
Monthly Amount:		Begin Date:		
AUTHORIZATION FOR PAYROLI	. 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 sub he current rate of members on payroll deadlines and i	pmit a cancellation notice of thip and the number of more must adhere to these dead	or changes in writing. The nths that the deduction wi	ne ill

Date

Employee's Signature