

**TRINITY CENTER FOR WOMEN AND GIRLS IN SPORTS  
EMPLOYEE PAYROLL DEDUCTION ENROLLMENT FORM**

NAME:	SSN #:
ADDRESS:	
CITY, ST:	
ZIP CODE:	DEPT. #
PAY FREQUENCY: <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly	

**MEMBERSHIP PLANS FOR TRINITY FACULTY & STAFF**

- Single Membership: \$40 per month \$480 per year
- Family Membership:\* \$60 per month \$720 per year  
*(Employee plus 1)*
- Each additional dependent:\* \$20 per month \$240 per year
- Optional Locker Fee: \$15 per month per person; \$180 per year. *(Lockers for daily use are included in the Membership Fee. The Optional Locker Fee is for those members who want a Locker assigned to them.)*

\* Children under the age of 18 are not eligible to be members of the Trinity Center and may not be in the Trinity Center except as part of an approved, supervised program (camps, lessons, clinics, special family swim programs).

Member Names:	Monthly Membership Fee	Monthly Locker Fee (optional)
Employee:		
Spouse or Dependent:		
Additional Dependents:		
<b>TOTAL MONTHLY AMOUNTS</b>	\$	\$
<b>TOTAL MONTHLY AMOUNT, COMBINE TWO COLUMNS:</b>	\$	
<b>TOTAL ANNUAL AMOUNT (MONTHLY TOTAL X 12):</b>	\$	

**(Choose One)**

Monthly deductions in equal installments of \$\_\_\_\_\_ per month, for a total annual deduction of \$\_\_\_\_\_. Deductions will begin on \_\_\_\_\_ and will continue until written notification to discontinue this membership and related fees is received in the Office of Human Resources. Cancellations will be effective the first day of the month following the receipt of written notification.

A one-time annual deduction of \$\_\_\_\_\_ to be deducted from one paycheck \_\_\_\_\_ (month/year).

I authorize Trinity College to deduct the annual fee indicated above of \$\_\_\_\_\_ from my pay for membership to the Trinity Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll input \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**OFFICE OF HUMAN RESOURCES, TRINITY COLLEGE**