



**CITY OF LA PORTE
RECREATION FITNESS CENTER MEMBERSHIP APPLICATION**

Member Name: First _____ Last _____ MI _____

Sex: (Male/Female): _____ Birth Date: _____ Age: _____

Home Address: _____
Corporate: Business Name & Address
(For Corporate & Property Owners Only)

City: _____

State: _____ Zip Code: _____ City: _____

Home Phone: _____ State: _____ Zip Code: _____

Cell Phone: _____ Business Phone: _____

E-MAIL: _____

- Basic Membership consists of weight rooms, full court basketball gym, locker rooms, steam/sauna
- Deluxe Membership consists of all of the above, plus access to Racquetball Courts and Lap Pool
- Individual Membership consists of one person 16 years of age or older
- Family Membership consists of dependent children 18 and under, and/or fulltime college students living at home to the age of 24.

Membership Plan - Please Check:

- 1) Basic _____ Deluxe _____ Senior _____ Corporate _____ Morgan's Point _____ Shoreacres _____
- 2) Individual _____ Family _____
- 3) Quarterly _____ Annual _____
- 4) Resident _____ Non-Resident _____

Please Initial:

_____ Received Rules and Regulations Brochure
_____ Received Refund Information

For Office Use Only:

Date _____ Household # _____ Plan Code _____

Amount Received \$ _____ Check # _____ Cash _____ Gift Certificate# _____ Visa _____ MC _____

Receipt # _____ Corporate _____

City Employee # _____ Payroll Deduct _____ Received by _____



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Employee's Name: _____ **Last 4 Digit of SSN:** _____

Deduction Effective Date: _____

Payroll Deductions:

- Speeding Traffic Ticket Citation \$ _____
- Running Red Light Traffic Citation \$ _____
- Other _____ \$ _____
- Total \$ _____

I, _____, hereby agree and authorize Intergulf Corporation to deduct the amount as indicated above from my gross pay on the following payroll _____.

Employee's Signature _____ **Date:** _____

<p>HR/Payroll Use Only</p> <p>Processed By: _____ Date: _____</p>
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