EMPLOYEE DISCOUNT MEMBERSHIP
JIM DAILEY FITNESS CENTER

ENROLLMENT INSTRUCTIONS:
1. Complete the application. (Be sure to list all family members to be included)
2. Return to completed application to Human Resources for processing.
3. Pulaski County Human Resources will notify you by letter regarding I.D. Cards

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EFFECTIVE DATE:_____
(To Be Completed By Human Resources)

DEPARTMENT:_____ **SS#:**_____

EMPLOYEE NAME:_____
(Please Print) **LAST** **FIRST** **MI.**

PHONE#:_____/_____/_____
HOME **BUSINESS** **MESSAGE**

LIST All ELIGIBLE DEPENDENTS IF THEY ARE TO BE COVERED
NOTE: YOUTH ELIGIBILITY AGE IS 16-19

SPOUSE_____ **DATE OF BIRTH:**_____

YOUTH_____ **DATE OF BIRTH:**_____

YOUTH_____ **DATE OF BIRTH:**_____

YOUTH_____ **DATE OF BIRTH:**_____

YOUTH_____ **DATE OF BIRTH:**_____

In signing below, I understand that the payroll deductions indicated below will begin with the month prior to effective date. It is my responsibility to contact Pulaski County Human Resources if my covered youth reach the age of 20 or if I decide to terminate the entire membership for any reason. **No refunds will be issued if your employment with Pulaski County terminates.**

_____ _____
EMPLOYEE SIGNATURE DATE

TYPE	MONTH	BI-WEEKLY
( ) INDIVIDUAL	$31.26	$15.63
( ) FAMILY (OF 2)	$45.00	$22.50
( ) FAMILY (OF 3 OR MORE)	$45.84	$22.92