

Myrtue Medical Center
McDowell Fitness Center Membership
Payroll Deduct Form

	Actual Rate	Employee Rate	Per Check (26 per year)
_____ Family Annual Membership	\$290.00	\$145.00	\$5.57
_____ Single Annual Membership	\$184.00	\$ 92.00	\$3.53

I the undersigned agree to the above Fitness Center rates and I understand that the per check rate will be deducted from my paycheck for the entire year, even if I quit attending the Fitness Center.

Employee Name: _____ Time Card #: _____

Employee Signature

Date