

INDIANA STATE UNIVERSITY

LECLUB MEMBERSHIP PAYMENT AGREEMENT

Membership Rate: \$24 per month
Member's Child \$12 per month
Maintenance Fee \$20 per year
Minimum Membership Length is 6 Months!

The acquisition of an ISU SYCAMORE ID Card is required of all first time members. The charge is \$15 and can be purchased at Public Safety.

PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____ ISU 991# or Social Security # _____

Address Street Address or P.O. Box _____ City _____ ST _____ Zip _____

Telephone Number (Home or Cell with Area Code) _____

Check which best applies to you:

- Faculty, Staff, ISU Alumnus, or ISU Commons Business Affiliates
- Spouse of a Faculty, Staff, ISU Student, ISU Alumnus, or ISU Commons Business Affiliate
- Child of a Faculty, Staff, ISU Student, ISU Alumnus, or ISU Commons Business Affiliate

Please check

Membership Term 6 Months (\$144) 9 Months (\$216) 12 Months (\$288)

I hereby agree to pay \$_____ per month for _____ months, starting immediately for a total payment of \$_____ for membership to the Le Club Program. I understand membership fees are non-refundable and cancellation of my membership will only be granted for medical reason (s) and supported by a physician's release from exercise, and/or in the event I relocate my permanent address outside a 50 mile radius of Indiana State University. I also, understand the liability waiver I have presently and/or previously signed remains in effect and is part of this agreement.

I have read the above statement, understand it, and my signature confirms its full acceptance.

_____ **Member's Signature**

_____ **Date**

ONLY ISU EMPLOYEES COMPLETE THIS SECTION

As an ISU Employee do you desire to use Payroll deduction? If yes, please sign your name below.

_____ **ISU Employee**

_____ **991#**

_____ **Date**

Please check the membership length 6 Months 9 Months 12 months

Please circle the number months you receive a payroll check 9 10 12

Is this payment Agreement/Payroll Deduction being used on behalf of a spouse/child? Please check the appropriate response. YES NO NOT APPLICABLE

FOR LE CLUB STAFF USE ONLY

_____ **LeClub Staff Member Signature**

\$_____ **The 1st month payment due at enrollment, except for payroll deduction**

_____ **Invoice #**