



WEST HILLS ATHLETIC CLUB



**WMU Employee
Limited Access Application Option II
5:30 a.m. to 5 p.m. Monday—Friday**

Date _____ Employee ID (not SSN or WIN) _____

Employee Name _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____

New Account Renewal Member # _____

IMPORTANT INCOME TAX INFORMATION:

Within 90 days of this application, WMU will report \$225 value of this limited access membership as income on your paycheck. You will be taxed on this \$225 by both the State and Federal IRS. The taxes will be deducted from the check on which the \$225 is reported.

I am an AFSCME employee. WMU will report \$200 value of this limited access membership as income on your paycheck. You will be taxed by both State and Federal IRS.

I understand that by signing my name on this application, I waive and release all claims for losses and damages I may have against West Hills Athletic Club, Western Michigan University, its president, Board of Trustees, staff and employees, and any and all persons or organizations involved in any way. I assume the risk of any physical problems which may develop as a result of my participation, and waive and release all parties listed above from any liability thereof. I understand that I am not required to work out at West Hills Athletic Club, but do so voluntarily. Conduct which violates any of the rules or procedures of West Hills, the use of foul, loud or slanderous language, the harassing, molesting, or soliciting of members or guests and any other conduct, which could cause injury to the member or other persons, damage to the property of West Hills or other persons or damage to the reputation of West Hills may result in immediate termination of membership by West Hills. Termination for such cause will result in forfeiture of all fees paid and unpaid fees under any deferred payment will be then immediately due and payable.

The term of this membership will be for 12 months beginning _____

NO REFUNDS

WMU Employee Signature _____ Date _____

Approved & Accepted by _____ Checked List _____

Sign up for E-Club to receive information about programs and activities we offer:

____ Sign me up for E-Club E-Mail _____