

# **Sampson County Corporate Membership Guidelines for the Center for Health and Wellness**

- The membership fee will be paid to the Wellness Center through payroll deduction.
- Employees are responsible to pay the Wellness Center upfront for any incidental charges (i.e. child care, locker rent, swimming lessons, etc.).
- Employees may not cancel the membership within the first three months of joining the center.
- Employees will sign a payroll deduction authorization form at the Wellness Center. The cutoff for new membership deduction will be the 10<sup>th</sup> of the month.
- Employees who join prior to the payroll deduction cycle are responsible for paying the first check directly to the Wellness Center. For example: An employee joins the center on the 2<sup>nd</sup> of the month, the County cannot deduct the first month from the previous paycheck – therefore, the employee must pay the Wellness Center for that current month or portion of the current month. If the employee joins the 11<sup>th</sup> of the month, they will owe the prorated part of that month plus the next month and pay the Wellness Center upfront.
- Cooperative Extension employees may pay the corporate rate through bank drafts.
- The \$100 assessment fee is waived and will not be required to be paid if the employee cancels membership.
- Employees must abide by the membership guidelines to cancel membership – i.e. a written request to the Wellness Center submitted by the 10<sup>th</sup> of the month in order to be effective for the next month.
- Employees may rejoin without penalty.

**Sampson County Local Government Employees  
Payroll Deduction Authorization**

I hereby authorize my employer, Sampson County, to deduct from my payroll check each month the amount listed below for membership with the Center for Health and Wellness, Sampson Regional Medical Center.

(check one)

- Individual Membership (\$47.50 month)
- Couple Membership (\$85.50 month)
- Senior Membership (43.00 month)
- Senior Couple Membership (\$81.00 month)
- Young Adult Membership (\$23.00 month)

Incidental item(s)

\$ \_\_\_\_\_ locker rental

\$ \_\_\_\_\_ other \_\_\_\_\_

I understand that I may not cancel my membership for the first three (3) months as stated in the membership guidelines provided by the Wellness Center.

Payroll deduction to begin \_\_\_\_\_  
(month/year)

Beginning date of membership \_\_\_\_\_

\_\_\_\_\_  
(Print employee name)

\_\_\_\_\_  
(Employee signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Wellness Center Staff Member signature)

\_\_\_\_\_  
(Date)