

FEDERAL OCCUPATIONAL HEALTH
FITNESS CENTER MEMBERSHIP RENEWAL AGREEMENT

Fitness Center Membership Renewal – EPA FY17

Fitness Center: (please circle) Potomac Yard

Ronald Reagan

Name: _____
(Last) (First) (MI)

GS Level: _____ Member # _____ Work E-mail: _____@EPA.gov

Work Phone: _____ Emergency Point of Contact _____ Phone: _____

AGREEMENT

I hereby certify that I am an eligible candidate for membership by virtue of my position as a direct hire civil servant or otherwise eligible as determined by the criteria established by the governing Agencies. I understand fully that my membership fee is a bi-weekly payroll deduction based on my pay grade. _____ [Applicant's Initials] I understand further that the MEMBERSHIP FEE applies, REGARDLESS OF MY FREQUENCY OF USE OF THE EXERCISE FACILITIES. _____ [Applicant's Initials]

CANCELATION POLICY

I understand that in order to cancel my fitness center membership, I must provide a written cancellation request form to the Fitness Center (Cancellation Form), **and stop the allotment myself** accessing the employee express web-page: <https://www.employeeexpress.gov/DefaultLogin.aspx> _____ [Applicant's Initials]. I further understand that if I do not cancel the allotment **myself** and funds continue to be deducted I am not entitled to a refund _____ [Applicant's Initials]. I understand failure to pay any delinquent fees could result in ineligibility for membership reinstatement for a period of 12 months. _____ [Applicant's Initials]

PAYMENT

At this time I have set up my periodic installment via Payroll Allotment (must provide confirmation) to reflect the following deduction amount bi-weekly \$ _____. **Confirmation received: Date:** _____ **Staff Initials:** _____

RULES AND REGULATIONS

I have read and had the opportunity to ask questions about the rules and regulations of the Ronald Reagan Building Fitness Center _____ [Applicant's Initials]. I agree to abide by ALL of the rules and regulations of the facility _____ [Applicant's Initials]. I understand that I run the risk of losing my fitness center membership if I do not follow ALL rules and regulations _____ [Applicant's Initials].

No Screening Expiration Date: _____

I hereby certify that medical health has not changed since I was originally screened and in the event that it does I will notify the staff immediately _____ [Applicant's Initials]

Signature: _____ Date: _____

Staff Initials: _____