



Recreation Services

3000 College Drive South
Lethbridge, AB T1K 1L6
T: (403) 320-3202 ext 5753

Recreation Services Membership

Payroll Deduction Authorization & Taxation Acknowledgement

Staff Name (Please Print): _____

Last Name

First Name

ID #

I hereby make application for a Recreation Services Membership as indicated below:

☐

Staff Membership

☐

Locker Rental (\$4.50/mth)

Payment:

- **This FREE membership is a taxable benefit and will be reported on your T4.**
- Membership valid until PE and Payroll are advised of cancellation.
- Membership fee will not be prorated if canceled before the end of the month.
- Value of membership is \$25.20 per month.

Signature: _____ Date: _____

Please save this form and email a copy to: ada.larson@lethbridgecollege.ca
or click the envelope icon in the top right corner to attach to a new email

PAYROLL INFORMATION ONLY – DO NOT COMPLETE

Deduction Code: _____

Benefit Code: _____

Amount: _____

Amount: _____

Start Date: _____