

## CORPORATE MEMBERSHIP

UNC Wellness Centers are here to provide you and your employees with the motivation and resources to reach your health and fitness goals. After you establish your corporate membership, you and your employees will enjoy the benefits of regular exercise such as reduced health care costs, increased productivity, and an overall improvement in health.

### How to start a corporate membership:

- Five (5) individuals who are employees with the corporation are needed to establish a corporate membership and take advantage of the discounted corporate rates. The Membership Office will provide these rates to the employee. Enrollment fees are applicable.
- A corporate and/or billing (payroll) representative needs to be chosen to act as a liaison. If there are any changes in the liaison, please contact the Membership Services Representative.
- The attached completed Corporate Membership Application is required by UNC Wellness Centers to begin a corporate membership.

### How to maintain your corporate membership:

- Your employee may start their membership at any time during the year.
- Your employee will meet with the Membership Services Representative at the Center to sign the contract and complete the health questionnaire and release form. The employee will have the corporate liaison complete the highlighted portion of the contract. The employee is responsible for returning the contract to The Wellness Center in order for the membership to be established.
- When the employee returns the contract to the Membership Office, first month's prorated dues and the enrollment fee will be collected. Every month thereafter, our Billing Office will electronically debit funds from the corporate checking account or the corporate credit card. Every employee (and their family members) listed on the Corporate account must have their monthly dues paid by the Corporation in this manner. The Corporation is responsible for paying the entire debited amount each month.
- The liaison is responsible for informing the Membership office of any changes in employee status. If the employee is no longer working for the Corporation, the liaison must contact the Membership Office upon termination. Please note that the Center requires a 30-day written notice prior to cancellation, as stipulated on the individual's contract.
- The employee is responsible for contacting the membership office to make any changes to the contract (cancellation, freeze, update contact information, etc.)

We are excited about your interest in UNC Wellness Centers and look forward to serving your organization. Please feel free to contact UNC Wellness Centers with any further questions.

**Corporate**  
**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I HEREBY AUTHORIZE UNC Wellness Centers to deduct the corporate monthly membership dues from the corporate checking or credit card account.

- **I understand that** in the event my membership account is charged back to UNC Wellness Centers, for any reason, UNC Wellness Centers will re-charge my account for the original amount due, *plus a service charge of \$20.00*.
- **I understand that** the monthly dues will be charged from the account on the 1<sup>st</sup> of each month.
- **I understand that** corporate membership dues are only effective as long as each employee is employed by \_\_\_\_\_.

I HAVE READ AND UNDERSTAND THE CONSTITUTIONS REQUIRED FOR CANCELLATION AS STATED IN THE MEMBERSHIP CONTRACT. PLEASE DEDUCT THE CORPORATE MONTHLY DUES FROM THE FOLLOWING ACCOUNT:

\_\_\_ Checking                      Account Number: \_\_\_\_\_

\_\_\_ Credit Card                      Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_ VISA      \_\_\_ MC      \_\_\_ AMEX      \_\_\_ DISC

***PLEASE ATTACH VOIDED CHECK HERE***

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name on Card or Check

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Corporate Membership Application**

Please complete and return to the appropriate facility:

UNC Wellness Center at Meadowmont  
100 Sprunt Street  
Chapel Hill, NC 27517  
919-843-3275 (office)  
919-843-3276 (fax)

UNC Wellness Center at Northwest Cary  
350 Stonecroft Lane  
Cary, NC 27519  
919-957-5901 (office)  
919-957-5946 (fax)

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Representative Information**

Corporate Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Corporate Billing/payroll Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Employees to be established on the corporate membership account: (please print)

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The Corporation would like to establish a corporate membership account with UNC Wellness Centers and accepts responsibility for the billing process each month. The Corporation understands that payments are made in full each month to UNC Wellness Centers.

\_\_\_\_\_  
Corporate Officer

\_\_\_\_\_  
Date