



**YMCA MEMBERSHIP – PAYROLL DEDUCTION  
CHEYENNE REGIONAL MEDICAL CENTER  
NEW MEMBERSHIP**

I, \_\_\_\_\_, am employed by Cheyenne Regional Medical Center and wish to join the Cheyenne Family YMCA.

My membership will begin \_\_\_\_\_ for the month of \_\_\_\_\_ and the membership fee will be taken out of my paycheck. (PRN employees are not eligible for payroll deduct.)

Please circle the appropriate membership type:

Adult (25-54) - \$40

Adult Couple (both 18-54) - \$49

Family (2 adults and all children at same address) - \$54.50

Family Plus (3 adults over 18 at the same address) - \$72.50

Senior (55+) - \$33

Senior Couple (both 55+) - \$43

Young Adult (13-24) - \$27

I understand this authorization is in effect until cancelled by myself. I understand I am bound by the Cheyenne Family YMCA Membership Agreement. I understand that I am responsible for informing Human Resources at Cheyenne Regional Medical Center of all changes to my membership, including cancellation and rate changes.

Employee Signature \_\_\_\_\_  
Employee Number \_\_\_\_\_

Date \_\_\_\_\_

Employer Verification - Cheyenne Regional Medical Center

Signature \_\_\_\_\_  
Title \_\_\_\_\_

Date \_\_\_\_\_