

Payroll Department \_\_\_\_\_

NATURAL FITNESS  
CLUB MEMBERSHIP FORM  
BONNER COUNTY EMPLOYEES

Employee Name \_\_\_\_\_

I, \_\_\_\_\_, authorize Bonner County to deduct my membership dues at Natural Fitness from my paycheck beginning on :  
\_\_\_\_\_.

Should you have any questions regarding the amount deducted from your pay, please contact the payroll department.

1<sup>st</sup> person (Employee) - \$37.00 (plus tax) per month \_\_\_\_\_

2<sup>nd</sup> person - \$27.00 (plus tax) per month \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Natural Fitness Signature

\_\_\_\_\_  
Date