



THE CLUB AT CITY CENTER PAYROLL DEDUCTION AUTHORIZATION

Single Site Enrollment – Oakland

\$25 One-Time Registration Fee (Required for each new gym member. Waived for existing members.)

Check if you are an existing member.

\$90 Per Month (EE)
Eff 3/1/24

\$180 Per Month (EE + 1 add on)
Must be 18+

Add on Name: _____

Relationship to EE: _____

Initial enrollment requires payment of 1st and last month dues in addition to a one-time registration fee for new members. I hereby authorize the City of Oakland to make the above **post-tax** deductions from my pay in accordance with the above terms.

Employee Name _____ EE ID or SSN _____

Employee Signature _____ Date: _____
(Required for all Deductions)

For HR Benefits Use Only	
_____/_____/_____ _____	
System Entry Date	Entered By
	_____/_____/_____

Return this form to the Benefits Department **ONLY** at
Email BenefitsAdmin@oaklandca.gov
Fax [510.238.6560](tel:510.238.6560)