



## THE CLUB AT CITY CENTER PAYROLL DEDUCTION AUTHORIZATION

Single Site Enrollment – Oakland

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

**Check if you are an existing member.**

**\$65 Per Month (EE)**

**\$130 Per Month (EE + 1 add on)**

Must be 18+

Add on Name: \_\_\_\_\_

Relationship to EE: \_\_\_\_\_

**Initial enrollment requires payment of 1<sup>st</sup> 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 \_\_\_\_\_

Employee ID \_\_\_\_\_

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](mailto:BenefitsAdmin@oaklandca.gov)

Fax [510.238.6560](tel:510.238.6560)