



at the University of West Florida

8891 Burning Tree Road
Pensacola, FL 32514
(850) 476-0611

**FACULTY / STAFF MEMBERSHIP
PAYROLL DEDUCTION FORM**

A Scenic Hills Country Club Application for Membership Form must be completed, signed, and submitted to Scenic Hills Country Club. The Application for Membership Form is available at the Pro Shop or on the Scenic Hills Country Club website.

Scenic Hills Country Club monthly membership fees can be paid through payroll deduction on a bi-weekly basis (i.e. 1/2 of monthly membership fee will be deducted from the 1st and 2nd paycheck each month; no deduction will be processed for any 3rd pay dates in a month). The first deduction will occur on the first pay date after the Payroll Office has processed the Payroll Deduction Form. The payroll deduction will be effective for a minimum of 12 months. Deduction code **SHM** will appear on your pay stub indicating each payroll deduction. Payroll deduction is only available for faculty and staff employees.

To begin payroll deduction for membership fees, complete the information below, sign, and date the form and submit to **Scenic Hills Country Club, Attn: Rick Gorman, 8891 Burning Tree Road, Pensacola, FL 32514** or bring in your completed application to the **Pro Shop**.

Please print the following information:

UWF ID #: _____

Last Name: _____ First Name: _____ MI: _____

Membership (choose one):

No Cart

____ Faculty/Staff – Single \$77.94 bi-weekly ____ Faculty/Staff – Family \$93.53 bi-weekly ____ Social \$26.88 bi-weekly

With Cart

____ Faculty/Staff – Single \$158.57 bi-weekly ____ Faculty/Staff – Family \$190.28 bi-weekly

____ STOP Payroll Deduction

I understand that the payroll deduction will be effective for a minimum of 12 months and that I cannot cancel my payroll deduction prior to the lapse of the initial 12 month period, unless written notice of my resignation from membership has been provided to Scenic Hills Country Club and any or all dues and/or charges for which I am liable have been paid to Scenic Hills Country Club. I understand that if my employment with the University of West Florida terminates I will be responsible for payment of all remaining and future monthly membership fees directly to Scenic Hills Country Club.

I hereby authorize the University of West Florida to withhold from my bi-weekly paycheck the monthly membership fees plus additional taxes for my membership at Scenic Hills Country Club.

Employee Signature

Date

FOR PAYROLL USE ONLY

Deduction Begin Date: _____