



DEPARTMENT RECEIPT
ROY FLORES WELLNESS CENTER

LAST NAME: _____ FIRST NAME: _____

DATE: _____

CTCLINK ID (if applicable) : _____

QUARTER: Fall Winter Spring Summer

MEMBERSHIP TYPE (COST PER QUARTER):

A completed Department Receipt and Receipt from the Cashier’s Office is needed before a membership can be created/updated.

X	MEMBERSHIP TYPE	COST
	EMPLOYEE	\$50
	EMPLOYEE- SPOUSE	\$50
	EMPLOYEE- RETIRED	\$25
	SENIOR COMMUNITY MEMBER	\$50
	SEATTLE CENTRAL OR SOUTH SEATTLE STUDENT	\$25
	CONTINUING EDUCATION STUDENT	\$50
	SHORT-TERM INTERNATIONAL STUDENT (*NOT REGULARLY ENROLLED INTERNATIONAL STUDENTS)	\$58
	ALUMNI	\$50
	COMMUNITY MEMBER	\$100
	CORPORATE – 10+	\$75
	GUEST – 1 VISIT	\$8
	GUEST – 5 VISITS	\$35
	GUEST – 10 VISITS	\$60
	LOCKER	\$10

	TOTAL	
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MEMBER SIGNATURE: _____ DATE: _____

CASHIER SIGNATURE: _____ DATE: _____