Joint Membership Election Form





The Joint Membership Plan provides access to facilities at The Faculty Club, Hart House, The Athletic Centre, and Goldring Centre. <u>Learn more about the Joint Membership Plan</u>.

Employee Information Employee Number First Name	Middle Initial(s)	Employee Last Name	Email Address
Home Address Street Apt./Suite #	City Postal C	ode l	Province
Reason for Completing New Hire Rehire Enroll Cancel Cancelling membership is only allowed at	Reject the end of the annual	Effective date: period, June 30th ea	dd/mm/yyyy ach year.
his plan offers combined, subsidized membership ee for athletic & recreational facilities plus access to aculty Club, Goldring Center and Hart House.		Plan B This plan offers subsidized membership to athletic & recreational facilities at UTM or UTSC campuses only. Select your campus below if electing Plan B:	
Authorization and Declaration This section must be signed and dated. Please I have read, understand, and agreed with Once your application has been received obtain your card more quickly, you can all divisional office to the Faculty club (41 W and you will receive your joint membership. I agree to abide by the house rules of the cancellation of membership. I understand membership in the JMP is for before the next year or the end of my sessed. I authorized the University of Toronto to take a understand membership is automatically new election form. I declare that the information provided is I agree that a photocopy or an electronic electronic declared.	e read the following inform the contents stated in thi and processed, you will re so bring a copy of the cor ilcocks Street) between the p card while you wait. facilities and agree to pay or the annual period July sional appointment. ske JMP fees directly from y renewed each July 1 un	s form eceive your membersh epleted application for e hours of 9.00 AM - 4 any outstanding acco through June 30 and my pay. less I cancel my membersh e to the best of my known	m signed by your HR 4:30 Pm, Monday to Friday unts in full upon d may not be cancelled pership by completing a
Employee Signature			Date dd/mm/yyy
Employer Representative Name	Employer Represen	tative Signature	Date dd/mm/yyy