



ONE CITY. ONE JACKSONVILLE

BAILEY'S GYM ENROLLMENT FORM

(City of Jacksonville Employees, Retirees and Qualified Dependents Only)

The Enrollment form must be completed by the employee or retiree and emailed to Employee Benefits at benefits@coj.net no later than the 25th of the month for the enrollment to begin on the 1st day of the next month.

Effective Date of Membership: \_\_\_/\_\_\_/\_\_\_ Employee \_\_\_ Retiree
COJ Employee #: \_\_\_\_\_ Employee/Retiree Email: \_\_\_\_\_
Employee's Full Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_
Home Address: \_\_\_\_\_
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_
Are you a former Bailey's member? \_\_\_ Yes \_\_\_ No If Yes, from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_
Are you a current Bailey's member? \_\_\_ Yes \_\_\_ No

(Please check the appropriate circle(s) - "Add-ons" MUST be 15 years old and must enroll in the same membership as the Employee/Retiree.

Table with 3 columns of membership options and prices: Basic Plus Membership (\$21.39), Basic Plus 1st add-on (\$21.39), Basic Plus per additional add-on (\$16.04), Platinum Membership (\$32.39), Platinum 1st add-on (\$21.59), Platinum per additional add-on (\$16.19), Platinum Plus Membership (\$48.51), Platinum Plus 1st add-on (\$32.34), Platinum Plus per addl. add-on (\$26.95)

Basic Plus Membership: Includes Access to all Bailey's Gym Locations, 24-hour / 7 Days Per Week Access, Unlimited Cardio and Weight Equipment, 3 Guest Privileges per Month, Introductory Orientation Sessions, Sauna, Steam Room, Women's Only Area and Stretch Room.

Platinum Membership: Includes Access to all Bailey's Gym Locations, 24-hour / 7 Days Per Week Access, Unlimited Cardio and Weight Equipment, 6 Guest Privileges per Month, Introductory Orientation Sessions, Sauna, Steam Room, Women's Only Area, Stretch Room, Basketball Court, Unlimited Group Fitness Classes, Children's Play Area (ages 1-12), Unlimited Indoor Cycle Classes, Access to Athletic Training Room, and Unlimited Tanning.

Platinum Plus Membership: Includes Access to all Bailey's Gym Locations, 24-hour / 7 Days Per Week Access, Unlimited Cardio and Weight Equipment, 9 Guest Privileges per Month, Introductory Orientation Sessions, Sauna, Steam Room, Women's Only Area, Stretch Room, Basketball Court, Unlimited Group Fitness Classes, Children's Play Area (ages 1-12), Unlimited Indoor Cycle Classes, Access to Athletic Training Room, Unlimited Tanning, Unlimited Hydrotherapy Massage, and Unlimited Team Training Classes (Red Zone / Chaos).

I, \_\_\_\_\_, authorize the City of Jacksonville to deduct \$ \_\_\_\_\_ from my (Employee/Retiree Name)

Pay check on the 1st pay period of each month for my Bailey's gym membership fee.

To add family members, you must:

- 1. Complete the dependent information section located on page 2 of this form. Personal information is required for EACH dependent add-on.
2. If adding dependents, you must provide a certified Marriage Certificate if adding your spouse and certified Birth Certificate if adding children ages 15 years old or above.
3. Please bring the original document(s) to Employee Benefits office prior to adding your spouse or child. The Employee Benefits' staff will make a copy of the document.

**DEPENDENT ENROLLMENT FORM**

**Complete for City of Jacksonville "ADD-ON" ONLY**

**Add-on MUST be 15 years old and enroll in the membership package as the Employee/Retiree**

**COJ Employee ID #:** \_\_\_\_\_

**#1. "Add-on" Full name:** \_\_\_\_\_

Effective Date of Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Spouse \_\_\_ Child Age: \_\_\_\_

Add-ons Email Address: **REQUIRED (cannot be duplicate of another family member)** \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_  
Are You A Former/Current Bailey's Gym Member? \_\_\_ Yes \_\_\_ No

**#2. "Add-on" Full name:** \_\_\_\_\_

Effective Date of Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Spouse \_\_\_ Child Age: \_\_\_\_

Add-ons Email Address: **REQUIRED (cannot be duplicate of another family member)** \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_  
Are You A Former/Current Bailey's Gym Member? \_\_\_ Yes \_\_\_ No

**#3. "Add-on" Full name:** \_\_\_\_\_

Effective Date of Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Spouse \_\_\_ Child Age: \_\_\_\_

Add-ons Email Address: **REQUIRED (cannot be duplicate of another family member)** \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_  
Are You A Former/Current Bailey's Gym Member? \_\_\_ Yes \_\_\_ No

**#4. "Add-on" Full name:** \_\_\_\_\_

Effective Date of Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Spouse \_\_\_ Child Age: \_\_\_\_

Add-ons Email Address: **REQUIRED (cannot be duplicate of another family member)** \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_  
Are You A Former/Current Bailey's Gym Member? \_\_\_ Yes \_\_\_ No

**#5. "Add-on" Full name:** \_\_\_\_\_

Effective Date of Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Spouse \_\_\_ Child Age: \_\_\_\_

Add-ons Email Address: **REQUIRED (cannot be duplicate of another family member)** \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_  
Are You A Former/Current Bailey's Gym Member? \_\_\_ Yes \_\_\_ No