



ONE CITY. ONE JACKSONVILLE

BAILEY'S GYM ENROLLMENT FORM

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

This 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. Initial the 'Apply Pro-rate' option if you wish to start immediately and pay the pro-rated dues directly to Bailey's Gym.

Effective Date of Membership: ___/___/___ Apply Pro-rate (Initials): ___ ___ 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 If Yes, list covered dependents: _____

(Please check the appropriate circle(s) - "Add-ons" must qualify as an eligible dependent as defined under DEPENDENT ENROLLMENT on Page 2)

Table with 3 columns of membership options and prices: Basic Plus Membership (\$21.49), Basic Plus 1st add-on (\$21.49), Basic Plus per additional add-on (\$16.11), Platinum Membership (\$32.24), Platinum 1st add-on (\$21.49), Platinum per additional add-on (\$16.11), Platinum Plus Membership (\$48.36), Platinum Plus 1st add-on (\$32.24), Platinum Plus per addl. add-on (\$26.86)

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 the amount listed below from my Paycheck on the 1st pay period of each month.

Employee Only Rate _____
1st Add-On Rate _____
Additional Add-On Rate _____ X _____ (# of additional dependents)

Total Monthly Deduction _____

Signature: _____ Date: ___/___/___

PLEASE NOTE: Prior to your retirement from the City of Jacksonville, you MUST notify Employee Benefits if you wish to continue your Bailey's membership. If you wish to rejoin after more than one month lapse in coverage, a new Enrollment Form will be required, and you will be subject to current City of Jacksonville contracted membership rates.

REQUIREMENTS FOR ADDING DEPENDENTS:

- Complete the Dependent Enrollment Form on Page 2. Complete information is required for EACH dependent add-on.
If enrolling your spouse, you must provide a copy of a Certified Marriage Certificate and Social Security Card.
If enrolling your unmarried child(ren) children age 15 - to the end of the month the dependent turns 26 years old, you must provide a copy of a Certified Birth Certificate and Social Security Card.
Please email or bring in person all required document(s) to Employee Benefits office prior to enrollment.

DEPENDENT ENROLLMENT FORM

Complete for "ADD-ON" DEPENDENTS ONLY (spouse or unmarried children age 15 - to the end of the month the dependent turns 26 years old)
Dependents must enroll in the SAME membership 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 any family member) _____

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Last 4 Digits of Social Security # _____

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 any family member) _____

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Last 4 Digits of Social Security # _____

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 any family member) _____

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Last 4 Digits of Social Security # _____

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 any family member) _____

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Last 4 Digits of Social Security # _____

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 any family member) _____

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Last 4 Digits of Social Security # _____

Address: _____ City: _____ State ___ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext: _____

Are You A Former/Current Bailey's Gym Member? ___ Yes ___ No