

RAC Membership Renewal Form

FAX: 912-478-1892

PO BOX 8078

GSU Employee Name: _____ Eagle ID: _____

Up-to-Date Personal Information:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Employee Campus Contact Information:

Department: _____ Position: _____

Email: _____

**List only the individuals whose memberships are being renewed. If you have family members joining the RAC for the first time their memberships must be purchased in person.*

GSU Employee: _____ Eagle ID#: _____

Full Year \$288

Fall \$100

Fall & Spring \$200

Spouse / Partner: _____

ID#: _____

Full Year \$336

Fall \$120

Fall & Spring \$240

Dependent 16+: _____ ID#: _____

Full Year \$336

Fall \$120

Fall & Spring \$240

Dependent Under 16: _____ ID#: _____

Full Year \$150

Fall \$50

Fall & Spring \$100

Dependent Under 16: _____ ID#: _____

Full Year \$150

Fall \$50

Fall & Spring \$100

I understand that the total amount of \$ _____ will be dispersed evenly among my remaining payroll checks in the current fiscal year.

Signature _____

*Your signature is acknowledging payment by payroll deduction.

FOR OFFICE USE ONLY

August 17, 2009- August 15, 2010 RAC Membership

Payroll Deduction Form

Employee ID# _____

The employee has _____ paychecks remaining in the fiscal year which results in the following monthly / biweekly deduction _____.