

Wellness at DuPage

Employee Fitness Membership

in the DuPage Care Center

Only \$10.00 a month

Your \$10.00 a month membership includes state of the art equipment and is available to DuPage County employees, 7 days a week, 24 hours a day with no contract or initiation fee.
Automatic payroll deductions only.

A consultation with an exercise physiologist is available for a fee.

**Nautilus Weight
Equipment**

Nautilus Freedom Trainer

Elliptical Machine

Recumbent Bicycle

Treadmill



For information, tours, registration and orientation, please contact
Karen Cerny at (630) 784-4402 or karen.cerny@dupageco.org



DuPage County
DANIEL J. CRONIN
COUNTY BOARD CHAIRMAN

Employee **Wellness at DuPage** **Payroll Deduction Enrollment and Cancellation Form**

Employee Name _____
(Please Print)

Employee Number _____

Department _____
(Please Print)

Phone No. _____

Proximity Card No. _____
(If Applicable)

Enrollment

Cancellation

I hereby give permission to the DuPage Care Center to deduct the cost of my employee wellness center membership program from my paycheck on a monthly basis. A payroll deduction of \$10.00 will be made from the second pay check of each month representing the fee for the following month. This deduction will renew automatically each month until cancelled in writing by the employee. No prorated refunds will be offered upon cancellation. I agree and understand that I must attend the Wellness orientation and sign the Wellness waiver prior to having full access to the center.

Please complete this form and send to karen.cerny@dupageco.org. You will then be contacted to set up an orientation session.

Signature _____ Date _____