

**GVSU FACULTY OR STAFF MEMBER PAYROLL DEDUCTION FORM**  
**MVP SPORTS CLUBS MONTHLY MEMBERSHIP**

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**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **G#** \_\_\_\_\_

**Campus Address**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\_\_\_\_\_ (MM/DD/YYYY)

**Date of Birth**

\_\_\_\_\_  
**Campus Email**

\_\_\_\_\_  
**Campus Phone**

**Membership status** \_\_\_ **New** \_\_\_ **Existing Membership**

**Members have access to all locations, however, please select the locations that will serve as your primary club:**

\_\_\_ **Grand Rapids-Downtown**      \_\_\_ **Holland**      \_\_\_ **Crahen**

\_\_\_ **Grand Rapids-Burton/East Paris**      \_\_\_ **Rockford**

MVP payroll deduction and discount applies to GVSU Faculty and Staff members only. Additional family members and dependents register at an MVP location.

I hereby authorize Grand Valley State University (GVSU) to make deductions to pay for my membership at MVP Sports Clubs.

I understand that if I leave MVP Sports Clubs or employment at GVSU I will be held responsible for any unpaid fees for this service and/or payroll installments toward the unpaid balance of this note.

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**Faculty or Staff signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Month on MVP invoice:** \_\_\_\_\_ **(Start)**

Scan signed deduction form to Nick Ekstrom: [ekstrom1@gvsu.edu](mailto:ekstrom1@gvsu.edu)