



FLORIDA SOUTHERN COLLEGE

Nina B. Hollis Wellness Center – Faculty/Staff Membership Form

Date: _____ Faculty _____ Staff

Department _____

Member Name: _____

Home Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

About Your Family Members:

Spouse's Name: _____

Children age 15 or older:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Additional Family Member:

Name: _____ Relation: _____

I declare that I have read and understood the policies and information provided within this packet and that the above named persons are members of my immediate family, currently residing full-time in my home and the address listed above is their only place of residence.

Employee Signature: _____ Date: _____

Office Use Only

Staff: _____

_____ Faxed to Safety at x4214

Total Paid: _____ Date Paid: _____