

# Wade King Student Recreation Center

## Membership Application 2009-2010



- Select One:  New Member Complete sections 1,2 & 3  
 Previous Member Complete sections 1 & 3

Check here if you are an Additional / Sponsored Member *The Sponsoring Member must be present at the time of purchase.*  
 An Additional Member is the spouse or adult dependent of an SRC member. A Sponsored member is the friend of an SRC member.

Print Sponsors Name (required) \_\_\_\_\_ Sponsor's Signature (required) \_\_\_\_\_ Sponsor's Member # (req'd) \_\_\_\_\_

### 1. Membership Details: One Applicant Per Form.

Mr./Mrs./Ms./Miss First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Western ID #: W (or SRC Member #) 00000

#### Select A Member Type:

##### Primary Members

- WWU Student (complete an *Account Adjustment Form* for the lowest rate)  
 WWU Faculty or Staff (or retired Faculty)  
 WWU Alumni Association or President's Club Member (bring card)  
 WWU Affiliate (individual with a direct, significant relationship with the University)  
 Whatcom Comm. College Student (bring current student ID or printed schedule)

##### Additional and Sponsored Members

- Spouse or Dependent\* of a WWU Student  
 Spouse or Dependent\* of WWU Faculty or Staff  
 Spouse or Dependent\* of a WWU Alumni/Pres. Club Member  
 Sponsored by an SRC Member

- Membership Term:**  Annual (Sept. 23, 2009 through Sept. 21, 2010)  
 Academic WWU Students, Faculty & Staff only (Sept. 23, 2009 through June 21, 2010)  
 Quarter **Fall** - Sept. 23 - Jan. 4 **Winter** - Jan. 5 - Mar. 29 **Spring** - Mar. 30- June 21 **Summer** - June 22 - Sept. 21  
 Lou Parberry Fitness Center (Quarterly - Faculty & Staff hour only)

### 2. Personal Information: Previous Members complete this section only if your information has changed.

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( )  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ ( )  
 Emergency Contact (required) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### 3. Membership Declaration: Required.

Memberships will not be refunded except in an unusual, unforeseen circumstance. Each requested refund will be judged on a case by case basis. Your signature below acknowledges that you agree to abide by all SRC policies and gives Campus Recreation Services permission to store your photograph in a membership database for official use only. Campus Recreation Services reserves the right to deny or cancel membership as a result of policy violations and/or exhibition of abusive behavior.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4. Payment Details: To be completed by SRC Staff.

Payment Method:  Cash  Check (# \_\_\_\_\_)  VISA  Payroll Deduction  MasterCard  
F/S Academic & Annual \*Addtl. Forms Required

Membership: \$ \_\_\_\_\_ Employee Initials: \_\_\_\_\_  
 Sales Tax: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

Membership Staff  
 Date Entered: \_\_\_\_\_  
 Employee Initials: \_\_\_\_\_

Hold Harmless Agreement Completed?  No  Online  Hard Copy  No/Renewal

Notes: \_\_\_\_\_

\*Dependents must be 18 years of age or older to be eligible for membership.

#### Refunds:

Memberships will not be refunded except in an unusual, unforeseen circumstance. Each requested refund will be judged on a case by case basis.