

# Membership Application



**NEW MEMBERSHIP**

## PRIMARY MEMBER INFORMATION

|                      |                      |                            |          |
|----------------------|----------------------|----------------------------|----------|
| <input type="text"/> |                      | <input type="text"/>       |          |
| Last Name            | First Name           | Date of Birth (mm/dd/yyyy) |          |
| <input type="text"/> |                      |                            |          |
| Address              | City                 | State                      | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       |          |
| Daytime Phone        | Evening Phone        | Email Address              |          |

SECONDARY MEMBER INFORMATION: Check one that applies  Couple  Dependent/Minor (Age 15-18)

|                      |            |                            |  |
|----------------------|------------|----------------------------|--|
| <input type="text"/> |            | <input type="text"/>       |  |
| Last Name            | First Name | Date of Birth (mm/dd/yyyy) |  |

## EMERGENCY CONTACT INFORMATION

|                      |            |                      |  |
|----------------------|------------|----------------------|--|
| <input type="text"/> |            | <input type="text"/> |  |
| Last Name            | First Name | Phone Number         |  |

**RENEWAL MEMBERSHIP**

## PRIMARY MEMBER INFORMATION

|                      |            |                      |  |
|----------------------|------------|----------------------|--|
| <input type="text"/> |            | <input type="text"/> |  |
| Last Name            | First Name | Phone Number         |  |

## SECONDARY MEMBER INFORMATION

|                      |            |                      |  |
|----------------------|------------|----------------------|--|
| <input type="text"/> |            | <input type="text"/> |  |
| Last Name            | First Name | Phone Number         |  |

**LOCKER RENTAL**  DAC Locker  Rec Center Full  Rec Center Half Locker Number: \_\_\_\_\_

## TERMS AND CONDITIONS—SIGNATURE REQUIRED BELOW

- Membership cards are not transferable and the Recreation Center Staff reserves the right to revoke membership privileges if cards are used in this manner.
- Memberships are non-refundable and individuals must maintain active status with Drexel University to utilize Recreation Center Membership.
- Recreation Center members are subject to the Drexel University Code of Conduct and Membership Handbook while utilizing Recreational facilities.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFER A FRIEND PROGRAM (New Members Only)—Want up to 2 months FREE? It's Easy! Here's how...

Provide us with up to two friends' names and contact info of who you think would benefit from being a member at the Recreation Center. We'll contact them on your behalf and offer a free one-week trial membership. Then, for each friend that ends up joining Drexel Recreation Center, you will receive a free month of membership as part of our ongoing referral program!

|                       |                       |
|-----------------------|-----------------------|
| Friend #1 Name: _____ | Friend #2 Name: _____ |
| Phone: _____          | Phone: _____          |
| Email: _____          | Email: _____          |

## OFFICIAL USE ONLY

|  |   |  |
|--|---|--|
| Membership Type: _____   | Period: _____   | Verification Shown? <input type="checkbox"/> |
| Membership Fee: _____  | Locker Fee: _____   | Total: _____                                 |
| Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> VC | <input type="checkbox"/> MC <input type="checkbox"/> DC <input type="checkbox"/> AX | <input type="checkbox"/> Payroll Deduction   |
| Staff Signature: _____   | Date: _____   |  |