



Sports and Recreation

Alumni/Retiree - Membership Form

Staff Initials: _____
Staff KSU ID #: _____

Today's Date _____

Last Name _____ First Name _____ MI _____

KSU ID # (if applicable) _____

Email _____

Home Address _____ Apt. _____

City _____ Zip _____ Home/Mobile Phone _____

Male/Female (M/F) _____ Date of Birth (MM/DD/YYYY) _____

Select membership type

Table with columns: Membership Type, Payment Frequency (Semester, Monthly, Annually). Rows include Retiree, Alumni, Spouse, *Graduates Fall 2012 - Spring 2015, and another Alumni category.

Emergency Contact:

Name: _____

Home/Mobile Phone: _____ Work Phone: _____

Relationship: _____

Submit Membership Form to:

Kennesaw Campus []
Student Recreation and Activities Center Room 1101
470-578-6913

Marietta Campus []
Student Recreation Center Front Desk
678-915-7349