

# MEMBERSHIP APPLICATION: SPORTS AND RECREATION



## PRIMARY MEMBER (KSU Affiliated) PLEASE PRINT CLEARLY

Today's Date (MM/DD/YYYY)	KSU #	Email	Date of Birth (MM/DD/YYYY)	
First Name		Middle Initial	Last Name	
Primary Phone:		Gender ___ M ___ F	KSU Department OR Field of Study	
Local Address (include apartment number)		City	State	Country ZIP Code

MEMBERSHIP TYPE PLEASE SELECT ONE	PAYMENT AMOUNT AND FREQUENCY		
	Semester	Monthly	Annually
12-Month Faculty/Staff Employee (Kennesaw and Marietta campuses)		<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$420.00
10- Month Employee (Kennesaw and Marietta campuses)		<input type="checkbox"/> \$42.00	<input type="checkbox"/> \$420.00
12-Month Combo (Kennesaw/Marietta and Employee Fitness Center)		<input type="checkbox"/> \$38.00	<input type="checkbox"/> \$456.00
10-Month Combo (Kennesaw/Marietta and Employee Fitness Center)		<input type="checkbox"/> \$45.60	<input type="checkbox"/> \$456.00
Faculty/Staff (Marietta campus only)	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$90.00
Retiree (Kennesaw and Marietta campuses)		<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$420.00
Retiree (Marietta Campus Only)	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$90.00
Alumni (Kennesaw and Marietta campuses)		<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$480.00
Alumni (Marietta campus only)	<input type="checkbox"/> \$45.00		<input type="checkbox"/> \$135.00
Spouse (Kennesaw and Marietta campuses)		<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$480.00
Outdoor Adventures (Climbing Gym, Bike Shop, Nature Bound, Outdoor Gear Rental)	<input type="checkbox"/> \$40.00		<input type="checkbox"/> \$120.00
<b>STUDENT MEMBERSHIPS: access to both Kennesaw and Marietta Campuses</b>			
Student Opt-In (Web Learner, GHC, IEP, Satellite Campus, Exchange, Long Term Visitor)	<input type="checkbox"/> \$97.00		

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Contact Phone	Work Phone	Relationship to You
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### SPOUSE/DOMESTIC PARTNER INFORMATION (IF YOU ARE ADDING A SPOUSE, PLEASE COMPLETE THE INFORMATION BELOW)

First Name		Middle Initial	Last Name	
Primary Phone	Email Address	Date of Birth(MM/DD/YYYY)	Gender ___ M ___ F	

### PAYROLL DEDUCTION

I am a benefits-eligible Kennesaw State University employee and I hereby authorize Kennesaw State University to deduct Recreation or Recreation and EFC Membership Dues from my paycheck as indicated by the above checked membership type(s). I understand that my membership dues paid through payroll deduction will automatically continue unless a cancellation form is completed and returned to the Department of Sports and Recreation. I also understand in the event of altered facility hours or closures; membership fees will not be prorated. I understand that requested submitted after the 20<sup>th</sup> of the month, will not be processed until the following month and I am required to pay the first month upfront.

#### FREQUENCY

- \_\_\_ Monthly  
\_\_\_ Bi-Weekly  
\_\_\_ One-Time

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

#### STAFF ONLY:

\$ \_\_\_\_\_ SRAC/43REC (Kennesaw) \$ \_\_\_\_\_ MCREC/43RAC (Marietta) \$ \_\_\_\_\_ EFC/43FIT Effective Date \_\_\_\_\_

### STUDENT ACCOUNT CHARGE

By providing my signature on this form below, I am giving the Department of Sports and Recreation permission to charge my student account for the amount listed above as the membership for the stated semester for access to the Student Recreation or Outdoor Adventures at Kennesaw State University. I also understand in the event of altered facility hours or closures; membership fees will not be prorated. (IEP and GHC are ineligible)

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

**I understand that my membership will not be refunded unless a verified health reason is provided or my employment at Kennesaw State University is terminated.**

PRINT Primary Member Name \_\_\_\_\_

PRINT Spouse Member Name \_\_\_\_\_

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

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

### PARKING OPTIONS

Retiree/Emeritus \$0.00 \_\_\_\_\_

Alumni \$23.00 \_\_\_\_\_

Spouse \$15.00 \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_