



Sports and Recreation

Student Recreation Center **Student** Membership Application

Information provided is for office use only.

Please staple a copy of the KSU ID to this membership form.

Today's Date: _____ KSU ID#: _____

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Circle one: Female Male

Category (Please circle one):

Web Learner IEP Student Off-Campus/Satellite Student Exchange Student

Stop Out Student Long-Term Visitor Other: _____

Contact Information:

Your Local Address: _____

City: _____ State: GA Zip: _____

Primary Phone #: _____ Alternate Phone #: _____

The current Recreation Fee is \$97.00

This membership is not prorated and is not available for a refund.

The Outdoor Adventures Membership is \$40.00 per semester

This membership is not prorated and is not available for a refund.

Payment Method: ___Cash ___Check ___Money Order ___Student Account
(IEP Ineligible)

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 Center 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.

Print Name:

Signature and Date:

Staff Use Only

Start date: _____ End date: _____

Date Entered into Fusion: _____ Staff Initials: _____ Staff ID#: _____