Wade King Student Recreation Center
Membership Application 2021-2022

Select One:  □ New Member  Complete sections 1, 2 & 3
□ Previous Member  Complete sections 1 & 3
☐ Check here if you are a Spouse or Adult Dependent Member  The Sponsoring Member must be present at the time of purchase.

Print Sponsors Name (required)  Sponsor’s Signature (required)  Sponsor’s Member # (req’d)

1. Membership Details:  One Applicant Per Form.
   Name:  
   Western ID #:  W  (or SRC Member #)  0000
   Select A Member Type:  
   Primary Members:  
   □ WWU Student (complete an Account Adjustment Form for the lowest rate)
   □ WWU Faculty or Staff (current or retired Faculty)
   □ WWU Degreed Alumni or President’s Club Member (bring card) WWU
   □ Academy of Lifelong Learning

   Additional and Sponsored Members:
   □ Spouse or Dependent* of a WWU Student
   □ Spouse or Dependent* of WWU Faculty or Staff
   □ Spouse or Dependent* of WWU Alumni/Pres. Club Member

   Membership Term:  Quarter:  Summer  - June 21, 2022 - September 20, 2022

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  □
   □ MasterCard  *Addtl. Forms Required
   Hold Harmless Agreement Completed?  ☐ No  ☐ Online  ☐ Hard Copy  ☐ No/Renewal

   Membership:  $__________
   Sales Tax:  $__________
   Total:  $__________

   Employee Initials:  
   Date:  
   Membership Staff  Date Entered:  
   Employee Initials:  

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

Refunds:
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