Wade King Student Recreation Center
Membership Application 2022-2023

Select One: □ New Member Complete sections 1, 2 & 3
  □ Previous Member Complete sections 1 & 3

☐ Check here if you are an Additional Member
An Additional Member is the spouse or adult dependent of an Primary SRC member.

Print Primary Member Name (required) Primary Member Signature (required) Primary Member # (req’d)

1. Membership Details: One Applicant Per Form.

Name: ___________________________ Email: ___________________________
Western ID #: W__________ (or SRC Member #) 0000

Select A Member Type (must show proof upon purchase):
  - Primary Members
    - WWU Student (complete an Account Adjustment Form for the lowest rate)
    - WWU Faculty or Staff
    - WWU Retired Faculty or Staff
    - WWU Alumni Association (Degreed Alum)/President’s Club
    - WCC/BTC/NWIC (bring current student ID or printed schedule)

Membership Term: □ Annual (Sept. 21, 2022 through Sept. 26, 2023)
  □ Academic Faculty & Staff only (Sept. 21, 2022 through June 19, 2023)
  □ Quarter Fall - Sept. 21 - Jan. 3 Winter - Jan. 4 - Mar. 27 Spring - Mar. 28 - June 19 Summer - June 20 - Sept. 26

2. Personal Information: Previous Members complete this section only if your information has changed.

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<th>Address</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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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

Membership: $___________ Sales Tax: $___________ Total: $___________

Employee Initials: ____________ Date: ____________

Membership Staff Date Entered: ____________

Employee Initials: ____________

Select One: □ No □ Online □ Hard Copy □ No/Renewal

Notes: ___________________________

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

Refunds:
Memberships will not be refunded except in an unusual, unforeseen circumstance. Each requested refund will be judged on a case by case basis.