

Student Recreation Center
WCU Faculty and Staff/Affiliate Membership

Division of Student Affairs

PLEASE PRINT INFORMATION

Name: _____ Date: _____ Employee #: _____

PRINT NAME

Email address: _____ Telephone: _____ (on campus) Department: _____

Please check the appropriate box:

Permanent Faculty: () Temporary Faculty: ()
Permanent Staff: () Temporary Staff: ()

Please check the appropriate box:

ARAMARK: ()
Student Services, Inc: ()
WCU Foundation: ()

Select Payment Option:

Payroll Deduction: () Direct Payment only: () - payment made at Bursar
Direct Payment: () - payment made at Bursar These groups are not eligible for Payroll Deduction.

Direct Payment must be received before access to SRC is permitted. Make check payable to WCU.

Membership Type: please select only one category

Fall - August 24 - December 24, 2015 (first deduction of \$17.00 applied to payroll) \$170 ()*
Spring - January 4 - May 20, 2016 (first deduction of \$17.00 applied to payroll) \$170 ()*
Summer - May 23 - August 19, 2016 (summer not available for payroll deduction) \$130 ()
Annual Fee - Fall/Spring/Summer (first deduction of \$21.00 applied to payroll) \$420 ()*
(spread out over 20 pay periods)

It is recommended that members be given an orientation of the equipment, and complete a Physical Activities Readiness Questionnaire (PAR Q), and Informed Consent Statement, before using the Student Recreation Center. It is also recommended that you see your physician before beginning any exercise program.

SERVICES: The membership does not include "registered short term sessions" of Group Fitness, Personal Training or participation in Intramural Sport program, Sport Club program, Outdoor Adventure program, or Special Events.

NOTE: The first payroll deduction for the fall semester membership will be 9/18/2015. The last payroll deduction will be 1/22/2016. The first payroll deduction for the spring semester membership will be 2/5/2016. The last payroll deduction will be 6/10/2016.

By signing this form I agree to abide to all policies and procedures.

signature

Person to notify in case of emergency: Name: _____

PRINT NAME

Telephone: () _____ () _____ () _____
day evening cell

OFFICIAL USE ONLY

Revenue Deposit Information
Fund: 1000
Program: XC
Acct: 4446
Dept: 4400