

**Appalachian State University
University Recreation
Facility Access Membership Form
FACULTY AND STAFF**

UREC Office Approval
Date Received: _____
Date Processed: _____
Initial: _____

Employee Name: _____ Banner ID: _____

Email Address: _____@appstate.edu Department: _____

Telephone #: _____

Check one of the following membership types:

<p>FACULTY/STAFF:*</p> <p><input type="checkbox"/> Faculty/Staff Individual Only - Payroll Deduction (\$4/month)</p> <p><input type="checkbox"/> Faculty/Staff Family - Payroll Deduction (\$8/month)</p> <p><input type="checkbox"/> Temporary/Adjunct Faculty/Staff Individual Only - Semester Payment (\$20/semester)</p> <p><input type="checkbox"/> Temporary/Adjunct Faculty/Staff Family - Semester Payment (\$32/semester)</p> <p><small>* If classified as a temporary employee, you may be asked to complete a Semester Payment</small></p>	<p>Membership Fees are not prorated and are not refundable.</p> <p>Fall Semester: August 10 – December 31 Spring Semester: January 1 – May 15 Summer Semester: May 16 – August 9</p>
<p>RETIRED FACULTY/STAFF:</p> <p><input type="checkbox"/> Retired Faculty/Staff Individual (no charge)</p> <p><input type="checkbox"/> Retired Faculty/Staff Family - Annual Payment (\$48/year)</p>	<p>CAMPUS MINISTER SPONSORED/NON-PAID VOLUNTEER:</p> <p><input type="checkbox"/> Individual - Semester Payment (\$20/semester)</p> <p>Please note: Family Membership is not available</p>

Payroll Deduction Option: By signing, I authorize Appalachian State University to make a monthly payroll deduction in the amount listed above for the faculty and staff user fee. I understand that I and each person listed below, must have a valid Appalachian State University ID card to gain entrance to any of the fitness centers. I also understand that by authorizing this deduction, I must also provide the information in the chart below for all eligible family members. (Eligibility is based on guidelines established by University Recreation.)

The maximum age a child is eligible to be claimed as a dependent for a family membership is 26 years of age. Individuals will no longer qualify for the membership after their 27th birthday.

Please see the Family Memberships page on UREC’s website to learn what additional documentation is required before my Family Membership will be activated.

Household Member Information:

First, MI, Last Name	Preferred Name	Relationship	Gender	Date of Birth	Phone Number	Email address
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I certify that the information listed above is correct to the best of my knowledge and that all the names listed are eligible family members.

Employee Signature

Date