Appalachian State University  
University Recreation  
Facility Access Membership Form

FACULTY AND STAFF

Employee Name: ___________________________________________  Banner ID: ______________________________
Email Address: ________________________________@appstate.edu  Department: ________________
Telephone #: ____________________

Check one of the following membership types:

**FACULTY/STAFF:**
☐ Faculty/Staff Individual Only - Payroll Deduction ($4/month)
☐ Faculty/Staff Family - Payroll Deduction ($8/month)
☐ Temporary/Adjunct Faculty/Staff Individual Only - Semester Payment ($20/semester)
☐ Temporary/Adjunct Faculty/Staff Family - Semester Payment ($32/semester)

* If classified as a temporary employee, you may be asked to complete a Semester Payment

**Membership Fees are not prorated and are not refundable.**

Fall Semester: August 10 – December 31
Spring Semester: January 1 – May 15
Summer Semester: May 16 – August 9

**RETIRED FACULTY/STAFF:**
☐ Retired Faculty/Staff Individual (no charge)
☐ Retired Faculty/Staff Family - Annual Payment ($48/year)

**CAMPUSS MINISTER**

SPONSORED/NON-PAID VOLUNTEER:
☐ Individual - Semester Payment ($20/semester)

Please note: Family Membership is not available

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:**

<table>
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<tr>
<th>First, MI, Last Name</th>
<th>Preferred Name</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Phone Number</th>
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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