Member Services – proof of same address

Document Type/s: _____

Initial: _____

Date: _____

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 #: _____

If you are purchasing a family membership, your membership form must be approved in person at the Student Recreation Center (SRC). Both adult members must be present and you must bring "proof of same address" prior to your membership being activated. See our website for details.

Check one of the following membership types:

FACULTY/STAFF:*	**RETIRED FACULTY/STAFF:**
☐ Faculty/Staff Individual Only - **Payroll Deduction** ($10/month)	☐ Retired Faculty/Staff Individual Only (no charge)
☐ Faculty/Staff Family - **Payroll Deduction** ($20/month)	☐ Retired Faculty/Staff Family - Annual Payment ($120/year)
☐ Faculty/Staff Individual Only - Semester Payment ($35/semester)	
☐ Faculty/Staff Family - Semester Payment ($70/semester)	
☐ Faculty/Staff Individual Only - Year Payment ($100/year)	
☐ Faculty/Staff Family - Year Payment ($200/year)	
* If classified as a temporary employee, adjunct faculty, or university affiliate you are not eligible for payroll deduction.	

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). This deduction will continue until I complete a Membership Change Form.

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 26th birthday. A dependent who is less than 18 years of age will need to have an 18+ year old Parent or Guardian with them at all times in our facilities.

Household Member Information:

First, MI, Last Name	Preferred Name	Relationship	Gender	Date of Birth	Phone Number	Email address
				/ /	( ) -	
				/ /	( ) -	
				/ /	( ) -	
				/ /	( ) -	
				/ /	( ) -	

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