



Fitness & Recreation Center Application for Membership



Membership Type: For Delta Memberships please check your membership type, example student or staff.

Pioneer	Pioneer Plus	Pioneer Silver	Pioneer Silver Plus	Delta Student Staff	Delta Plus Student Staff
__ \$34 1 Mo.	__ \$46 1 Mo.	__ \$28 1 Mo.	__ \$38 1 Mo.	__ \$28 1 Mo.	__ \$38 1 Mo.
__ \$120 4 Mo.	__ \$165 4 Mo.	__ \$90 4 Mo.	__ \$135 4 Mo.	__ \$90 4 Mo.	__ \$135 4 Mo.
__ \$315 12 Mo.	__ \$415 12Mo.	__ \$237 12 Mo.	__ \$359 12 Mo.	__ \$237 12 Mo.	__ \$359 12 Mo.
				__ \$39 LW Semester	

Applicant Information: Please Print Clearly

Applicants Name (Last, First, MI) _____

Address _____

City _____ State _____ Zip _____

Date of Birth: _____ Gender Male Female

Day Phone _____ Evening Phone _____

E-mail Address _____ I wish to receive updates via e-mail Yes No

Emergency Contact Name _____ Phone _____

Second Household Adult:

Please note that many activities are age restrictive as identified in the Membership Guidelines. The primary applicant will be used as the emergency contact for dependents.

Name (Last, First, MI) _____

Date of Birth: _____ Gender Male Female

Day Phone _____ Evening Phone _____

E-mail Address _____ I wish to receive updates via e-mail Yes No

Emergency Contact Name _____ Phone _____

Dependents:

Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

ALL PARTICIPANTS 14 AND OLDER PLEASE READ AND SIGN THE LIABILITY WAIVER ON THE BACK.