



# HENDRIX

## WELLNESS & ATHLETICS CENTER Membership Application

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M F  
*First Last*

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M F  
*First Last*

Home address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Dependents (If applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
*First Last*

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
*First Last*

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
*First Last*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*First Last*

Relationship: \_\_\_\_ Family \_\_\_\_ Friend

### TYPE OF MEMBERSHIP:

- Student
- Faculty/Staff
- Community Individual
- Community Individual +1
- Community Family
- Sunrise Special Individual
- Sunrise Special Individual +1

### MEMBERSHIP INFORMATION:

Members from the community will pay for membership fees via an electronic funds transfer from their checking or savings account. No Debit or credit cards can be used. Members must complete an EFT form and attach a *voided* check or a savings deposit slip with this application form.

### MEMBERSHIP FEES:

#### Community Fees

	<b>Monthly</b>
Sunrise Special (Individual) Valid Monday-Friday: 5:30 a.m. to 2 p.m.; Saturday: 9-4; Sunday: 1-9	\$45
Sunrise Special (Individual + 1)	\$85
Regular Membership (Individual)	\$55
Regular Membership (Individual + 1)	\$95
Regular (Family)	\$120

#### Retired Faculty/Staff Fees

Individual	\$49
Individual +1	\$79

(Over)

<b>Alumni &amp; Group Rate</b> (Director to approve group eligibility for discounted rates)	<b>Monthly</b>
Sunrise Special (Individual)	\$40
Sunrise Special (Individual +1 )	\$75
Regular (Individual)	\$50
Regular (Individual + 1)	\$85
Regular (Family)	\$110

**CANCELLATION:**

Monthly dues will be drafted approximately the first week of each month and will cover the member’s dues for the month of the draft. To cancel, members must provide the WAC with a 30 day written notice or complete a cancellation form.

*\*Members who terminate their membership and later wish to rejoin will be assessed a \$100 rejoining fee.*

I hereby apply for membership into the Hendrix Wellness and Athletic Center and agree to and be bound by the rules and regulations applicable to my membership as they are now written or may hereafter exist.

The Wellness and Athletic Center (WAC) may revoke my membership for any reason at any time, including, but not limited to, nonpayment of account balances and/or the breaking of WAC rules/policies.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if applicant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Membership ID #: \_\_\_\_\_ Joining Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Electronic Funds Authorization Form Completed? *(must be completed if paying for a membership)*      Yes      No

Monthly Draft Amount: \_\_\_\_\_ WAC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

