

## MEMBERSHIP

## PRICE

CMU Student Individual	\$ 60.00/sem.
CMU Student Family	\$ 60.00/sem.
MMCC Student Individual	\$150.00/sem.
MMCC Student Family	\$300.00/sem.
CMU Faculty/Staff Individual	\$250.00/annual
three months	\$115.00
six months	\$155.00
nine months	\$205.00
CMU Faculty/Staff Family	\$500.00/annual
three months	\$230.00
six months	\$310.00
nine months	\$410.00
CMU Alumni/Donor/ MMCC Staff Individual	\$300.00/annual
three months	\$140.00
six months	\$180.00
CMU Alumni/Donor/ MMCC Staff Family	\$600.00/annual
three months	\$280.00
six months	\$360.00
CMU Retiree Individual	\$150.00/annual
three months	\$ 70.00
six months	\$105.00
nine months	\$130.00
CMU Retiree Family	\$300.00/annual
three months	\$140.00
six months	\$210.00
nine months	\$260.00
Community Limited Individual	\$300.00/annual
three months	\$140.00
six months	\$180.00
Community Limited Family	\$600.00/annual
three months	\$280.00
six months	\$360.00
Corporate Individual	\$300.00/annual
three months	\$140.00
six months	\$180.00
Corporate Family	\$600.00/annual
three months	\$280.00
six months	\$360.00

- Membership Gift Certificates Available
- No donation required for alumni.
- \$500 donation required per year for donor and \$1000 for corporate category.
- Faculty, Staff and dependents under the tuition waiver may choose to purchase a SAC membership for \$60 per semester and \$30 for each summer session. Family memberships may be added for an additional cost.
- Students (1 or more credits) are automatically members of the Student Activity Center. CMU students who are enrolled for at least one credit for fall, winter or summer classes will receive a SAC membership as a benefit of their tuition during that semester/session.

fitness...It's how you get there.

# UREC

Central Michigan University  
University Recreation • Student Activity Center

## Phone Numbers

- University Recreation (989) 774-3686
  - U Lanes (989) 774-3286
  - Court Reservations (989) 774-1356
  - Injury Care Center (989) 774-2345
  - Program Desk (989) 774-3200
  - Towers Fitness Center (989) 774-2158
- [www.urec.cmich.edu](http://www.urec.cmich.edu)

## Membership Application

**CMU**  
**CENTRAL MICHIGAN  
UNIVERSITY**

CMU, an AA/EQ institution, strongly and actively strives to increase diversity within its community. CMU provides individuals with disabilities reasonable accommodations to participate in university activities, programs, and services. Individuals with disabilities requiring an accommodation should call (989) 774-3686.

Name of Applicant: \_\_\_\_\_ (Last) (First) (MI)  
 Birthdate: \_\_\_\_\_ CMU ID#: \_\_\_\_\_ M  F   
 E-Mail Address: \_\_\_\_\_  
 Local Address: \_\_\_\_\_ (Street) (City/State/Zip)  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

OFFICE USE ONLY  
 LN \_\_\_\_\_  
 Type \_\_\_\_\_

**Please check only one:**

<input type="checkbox"/> CMU Undergrad Student	<input type="checkbox"/> Faculty/Staff Campus Address: _____	<input type="checkbox"/> ARAMARK
<input type="checkbox"/> CMU Grad Student	<input type="checkbox"/> Donor	<input type="checkbox"/> Alumni SS#: _____ Grad. Date: _____
<input type="checkbox"/> MMCC Student ID#: _____	<input type="checkbox"/> Community Ltd.	<input type="checkbox"/> Corporate Bus. name: _____
<input type="checkbox"/> MMCC Staff	<input type="checkbox"/> Senior Partner	<input type="checkbox"/> Other
<input type="checkbox"/> CMU Retiree		

Name of Spouse: \_\_\_\_\_ (Last) (First) (MI)  
 (must be legally married)  
 Birthdate: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ M  F

**Dependent Children (under the age of 16)**

Name (list last name if different than applicant)	Date of Birth	Key Tag #

**Dependent Children (16 - 24 years of age)**

Name (list last name if different than applicant)	Date of Birth	Key Tag #

PARTICIPATION IN ANY ACTIVITY WITHIN THE STUDENT ACTIVITY CENTER IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, for myself and my sponsored dependents, assume full responsibility for death, or any injuries or damages which may occur to me or my sponsored guests or dependents, in, on, or about the premises of the facility and do hereby fully and forever release and discharge Central Michigan University, and the Board of Trustees, from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of the facility and equipment thereof, except that arising out of the sole negligence of Central Michigan University.

I, the undersigned, for myself and my sponsored dependents, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse the University for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that University Recreation or SAC staff are not responsible for any lost or stolen personal belongings.

I, the undersigned, have received the Membership Policies and Procedures handout and understand there are limitations to my membership as outlined in the handout.

I, the undersigned, certify that the information I have given in this application is complete and accurate.

**ALL MEMBERSHIPS ARE NON-TRANSFERABLE/NON-REFUNDABLE.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Today's Date _____	Pay/Dep _____	Individual _____	Csh _____	Family _____	Chk _____	Less Coupon _____	Total _____	V/M _____	Initials _____	Stch _____	Approver/Reject _____ / _____	Expire Date _____	Cert _____
Today's Date _____	Pay/Dep _____	Individual _____	Csh _____	Family _____	Chk _____	Less Coupon _____	Total _____	V/M _____	Initials _____	Stch _____	Approver/Reject _____ / _____	Expire Date _____	Cert _____
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