

- ☐ Check
- ☐ Credit Card
- ☐ Student Charge
- ☐ Payroll Deduction  
(Yearly Membership Only)

## Student Activity Center Membership Application

### MEMBER INFORMATION

Today's Date: \_\_\_\_\_ First Time Member \_\_\_\_\_ Renewal - Renewal Card # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Student/Faculty/Staff ID # \_\_\_\_\_ (Faculty & Staff Must Pay Faculty/Staff Rate Even If Taking Classes)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Membership Rate: \_\_\_\_\_

Membership Rates											
Select One	MEMBERSHIP TYPE	Individual					Family				
		Per Sem.	3 mths	6 mths	9 mths	12 mths	Per Sem.	3 mths	6 mths	9 mths	12 mths
	CMU Student	\$69	----	----	----	----	\$69	----	----	----	----
	CMU Faculty/Staff		\$137	\$188	----	\$308	----	\$265	\$357	----	\$615
	CMU Retiree (Emeriti)		\$81	\$121	----	\$173	----	\$161	\$242	----	\$345
	CMU Alumni		\$166	\$217	----	\$365	----	\$332	\$434	----	\$730
	Community		\$166	\$217	----	\$365	----	\$332	\$434	----	\$730
	MMCC Student	\$173	----	----	----	----	\$345	----	----	----	----

### 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 Student Activity Center staff is not responsible for any lost or stolen personal belongings.

I, the undersigned, understands the included SAC parking pass only grants me access to the SAC parking lot (lot 62) during open lot times. I also understand this pass will not grant me access to the parking lot for athletic events or any other special event that requires payment for parking.

I, the undersigned, understand that if there are any building closures or specific area closures within the facility, I will not be eligible for any refund for the days that those areas were effected.

I, the undersigned, have been informed that the Membership Policies and Procedures are on the website and understand there are limitations to my membership as outlined.

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

\_\_\_\_\_  
Initials I understand that facility hours of operation are subject to change without advance notice due to inclement weather, academic calendar, and seasonal user patterns.

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

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

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

**SPOUSE / DEPENDENT NAMES**↓ **DEPENDENTS ONLY** ↓

Name (first and last name)	Relationship	Email (16 & Older)	Gender	Date of Birth (mm/dd/yy)	Under 16 years	16 – 24 years of age	Card Number # (16 & Older)

**PLEASE NOTE:**

In order for a dependent to be eligible under a family membership, they must 24 years or younger. University Recreation follows the IRS Dependency Standards.

**OFFICE USE ONLY**

Amount Paid: \$ _____	Payment Type: _____	Time _____: _____ A/P
UREC Initials: _____	Date Processed: _____	Processed By: _____
Expires: _____	License plate: _____	Parking Pass #: _____