Mort Harris Recreation and Fitness Center Membershin Application

	embersinp Applica			
Today's Date:				
	Plan Co	ode:		
Last Name	First Name		M.I.	
Home Address	City	State	Zip	
Campus Address	City	State	Zip	
Home Phone:	Work Phone:			
E-mail:				
In case of an emergency, please contact: Name: Sponsor Information:		Phone	-	
Sponsored by:	Sponsor Signature:			
Sponsor RFC Membership ID #:	WSU Affiliation:			
Full Access-Em	nployee, Retiree, Alumni and Spo Rates are subject to change.	nsored Members		
12 month employee/retiree/spouse (\$252)		academic calendar employee/spouse (5189)***	
Semester only FACULTY/STAFF ONLY (\$80)	*** Must be	*** Must be purchased in August or September to current WSU employees		
Begins on the date of purchase and ends at end of current semest **Must be paid in full	ter with pro	of of employment is valid September 1-May 31.		
12 month alumni (\$299)	12 month	sponsored (\$383.25)		
* Recent graduates may qualify for a lower rate		,		
90 day sponsored (\$110)				
****Must be paid in full IMPORTANT: All memberships must be paid in full for 3, 9	or 12 month pariod prior to month	porchin cancellation. No refunds will be	rivan hafara tha calactad	
membership term has expired. I understand that my payroll de		-		
effect after a period of 9 or 12 months unless I cancel in writing.		•		
	For Office Use Only			
Amount Paid \$	· · · · · · · · · · · · · · · · · · ·	Payment Method:		
Eligibility Verified: Y N		Cash Charge Payment Plan Payroll		
Request Approved: Y N		Reason for Denial:		
Membership Entered: Y N	Membersh	nip ID #:		
WSU OneCards are required for a Mort Harris Recreation and Fit Center (Welcome Center, Suite 257) and get one within one wee Conditions:				
As a condition of my membership, I agree to the following: All exercise and participation is done at my risk. Wayne State U shall not be liable for personal injury.			-	
I give Wayne State University, its employees and agents the irre manners, including composite, for advertising, for publication of written copy which may be created in connection therewith.	r any other lawful purposes, and I w	vaive any right to inspect or approve the f	inished product, including	
It is my responsibility to consult with my primary care physicial Recreation and Fitness Center.				
By signing this application, I understand and agree that I am wa arising out of the use of the facilities and my membership includ				



Signature of Participant

World-Class Experience
Wayne State University ■ 5210 Gullen Mall ■ (313) 577-2348 ■ rfc.wayne.edu

Printed Name of Participant