## **Mort Harris Recreation and Fitness Center Member Application**

Today's Date:		Banner PID #:		
		Plan Code:		_
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:		Phone		
Rates a	re subject to c	:hange		
12 Month Employee/Retiree/Spouse	(\$252)	90 Day Community Membership		(\$110)
*Must be full-time employee w/benefits and eligible for payroll deduction		****Must be paid in full		
12 Month Alumni	(\$299)	Semester only Faculty/Staff		(\$80)
*Recent grads may qualify for a lower rate	,	**Begins on the date of purchase and ends at e	nd of current semes	ter
12 Month Affiliate	(\$33 9)	****Must be paid in full		
		Semester only recent graduate		(\$35)
12 Month Community	(\$383.25)	*****Must have graduated within 12 months of	purchase	
9 Month Academic Calendar Employee/Spouse/CCS Student	(\$189)	Student Summer		(\$35)
***Must be purchased in August or September to current WSU		**Begins on the date of purchase and ends 8/23	3/14 Must show	
employees with proof of employment or CCS students valid		proof that classes were taken Winter 2014. G	raduates may be	
September 1st – May 31st		eligible for Recent Alumni Membership		
IMPORTANT: All memberships must be paid in full for 3, 9 or 12	month period pr	ior to membership cancellation. No refur	nds will be giv	en be-
fore the selected membership term has expired. I understand the	nat my payroll de	duction and direct debit membership is a	minimum of	9 or 12
months and this authority will remain in effect after a period of	9 or 12 months ເ	ınless I cancel in writing. Memberships caı	ncel within 30	days of
notification.				
Amount Paid \$	or Office Use Only	<b>y</b> Payment Method:		
Eligibility Verified: Y N		Cash Charge Payment Plan I	Payroll	
Request Approved: Y N		Reason for Denial:		
Membership Entered: Y N		Membership ID #:		
WSU OneCards are required for a Mort Harris Recreation and Fitness G Service Center (Welcome Center, Suite 257) and get one within one we Fitness C	eek of purchasing a Center membership	membership. The card is free with proof of Mo	-	
As a condition of m	Conditions: ny membership, I agre	ee to the following:		
All exercise and participation is done at my risk. Wayne State University, its employers and agents the infor personal injury. I give Wayne State University, its employees and agents the information all manners, including composite, for advertising, for publication or any other law which may be created in connection therewith. It is my responsibility to consult activities at the Mort Harris Recreation and Fitness Center. By signing this appl executors, successors, and assigns to all claims arising out of the use of the facilities.	oyees, agents and the rrevocable right to us vful purposes, and I w t with my primary care lication, I understand	Mort Harris Recreation and Fitness Center Managem e my (or my child's) picture, portrait or photograph in aive any right to inspect or approve the finished proce physician, if necessary, prior to participating in any e and agree that I am waiving my right and the right of hip including but not limited to personal injury, includ	n all forms and me duct, including wr exercise, training c my heirs, adminis	dia and in itten copy or related strators,
Signature of Participant	 Prii	nted Name of Participant		

