

Membership Application



PRIMARY MEMBER INFORMATION: (please print clearly)

Last Name		First Name		Date of Birth (mm/dd/yyyy)			
Address		City		State		Zip Code	
Phone Number			Email Address				

SECONDARY MEMBER INFORMATION: Check one that applies Couple Dependent/Minor (Age 15-18)

Last Name		First Name		Date of Birth (mm/dd/yyyy)	
Phone Number		Email Address			

EMERGENCY CONTACT INFORMATION: (one per member)

Name: _____ Phone Number: _____

TERMS AND CONDITIONS—SIGNATURE REQUIRED BELOW:

Please check boxes indicating you have read and understand the membership terms and conditions provided below:

- Membership cards are not transferable and the Recreation Center staff reserves the right to revoke membership privileges if cards are used in this manner.
- Drexel Recreation Center memberships are non-refundable and cannot be placed on hold unless in cases of:
 - Formal leave of absence and sabbaticals (documented verification required)
 - Changes in medical condition resulting in physical limitations (physician documentation required)
- Members must be in compliance with all Drexel University policies and Drexel Recreation Center rules and regulations

Would you like to receive Recreation Center Emails? Yes No

Member Signature(s): _____ Date: _____

_____ Date: _____

REFER A FRIEND PROGRAM (New Members Only)—Want up to 2 months FREE? It's Easy! Here's how...

Provide us with up to two friends' names and contact info of who you think would benefit from being a member at the Recreation Center. We'll contact them on your behalf and offer a free one-week trial membership. Then, for each friend that ends up joining Drexel Recreation Center, you will receive a free month of membership as part of our ongoing referral program!

Friend #1 Name: _____ Phone: _____ Email: _____

Friend #2 Name: _____ Phone: _____ Email: _____

MEMBERSHIP OFFICE USE ONLY:

Membership Type: _____ Period: _____ Verification Shown? _____

Membership Fee: _____ Locker Fee: _____ Total: _____

Payment Type: Cash Check VC MC DC AX Payroll Deduction

Staff Signature: _____ Date: _____