

**Pohl Recreation Center  
Membership information  
Summer 2008**

(7.06)

**BNW Receipt #** \_\_\_\_\_

**Date** \_\_\_\_\_

Please check:

\_\_\_\_ Faculty \_\_\_\_ Staff \_\_\_\_ Student \_\_\_\_ Continuing Student \_\_\_\_ Alumni  
\_\_\_\_ Faculty/Staff Spouse \_\_\_\_ Retired Faculty/Staff \_\_\_\_ Retired Faculty/Staff spouse

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_

Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Employee ID #: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you **do not** wish to be contacted by e-mail please check here.

Gender: \_\_\_\_ male \_\_\_\_ female

Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

Phone # \_\_\_\_\_

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**For Office use only**

For faculty/staff spouse, retiree spouse, student spouse, or dependent memberships, we need to be able to link them together. Please list the names of the primary cardholder, secondary cardholder and dependent cardholders.

Primary (faculty/staff/retiree/student): \_\_\_\_\_

Employee ID# for Primary: \_\_\_\_\_

Secondary (spouse): \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_