Recreation and Fitness Center Membership Registration Form



MEMBER INFORMATION				
Last Name:		First Name:		
Email Address:				
Home Address:				
City, State:		Zip: DOB:		
Emergency Contact:		Phone [H W C]:		
TYPE OF MEMBERSHIP				
JSU Faculty/Staff (Monthly, circle one: Credit Card or		Payroll)	JSU Alumni	Visiting Student
JSU Affiliate			JSU Retiree	Semester Off Student
Add the following Household Member	ers to account (must b	e 18 years	or older):	
Adult:		Relation: DOB:		DOB:
Adult:		Relatio	Relation: DOB:	
Signature		Date		
If applicable, JSU Banner ID:				
Membership Registration MEMBER INFORMATION				UNIVERSITY RECREATION JACKSONVILLE STATE UNIVERSITY.
Last Name:				
Email Address:				
City, State: Emergency Contact:			Zip: DOB: Phone [H W C]:	
TYPE OF MEMBERSHIP				
JSU Faculty/Staff JSU Affiliate	JSU Alumni JSU Retiree			g Student ster Off Student
		10 voors		ster on student
Add the following Household Members to account (must				
Adult:				
Adult:		Kelatio	n:	DOB:
Signature		Date		
If applicable, JSU Banner ID:				