

Wade King Student Recreation Center

Membership Application 2024-2025



- Select One: New Member Complete sections 1,2 & 3
 Previous Member Complete sections 1 & 3

Check here if you are an Additional Member

An Additional Member is the spouse or adult dependent of an Primary SRC member.

The Primary Member must be present at the time of purchase.

Print Primary Member Name (required)

Primary Member Signature (required)

Primary Member # (req'd)

1. Membership Details: One Applicant Per Form.

Name: _____ Email: _____

Western ID #: W (or SRC Member #) 0000

Select A Member Type (must show proof upon purchase):

Primary Members

- WWU Student (complete an *Account Adjustment Form* for the lowest rate)
- WWU Faculty or Staff
- WWU Retired Faculty or Staff
- WWU Degreed Alumni/President's Club
- WCC/BTC/NWIC bring current student ID or printed schedule)

Additional Members

- Spouse or Dependent* of a WWU Student
- Spouse or Dependent* of WWU Faculty or Staff
- Spouse or Dependent* of a WWU Alumni/Pres. Club Member

Membership Term:

- Annual (Sept. 25, 2024 through Sept. 23, 2025)
- Academic Faculty & Staff only (Sept. 25, 2024 through June 23, 2025)
- Quarter Fall - Sept. 25 - Jan. 6 Winter - Jan. 7 - Mar. 31 Spring - April 1 - June 23 Summer - June 24 - Sept. 23

2. Personal Information: Previous Members complete this section only if your information has changed.

Address _____ Apt. # _____ City _____ State _____ Zip _____

() _____

Phone Number _____ Email Address _____

() _____

Emergency Contact (required) _____ Relationship _____ Phone Number _____

3. Membership Declaration: Required.

Memberships will not be refunded except in an unusual, unforeseen circumstance. Each requested refund will be judged on a case by case basis. Your signature below acknowledges that you agree to abide by all SRC policies and gives Campus Recreation Services permission to store your photograph in a membership database for official use only. Campus Recreation Services reserves the right to deny or cancel membership as a result of policy violations and/or exhibition of abusive behavior.

Signature _____ Date _____

4. Payment Details: To be completed by SRC Staff.

Payment Method:

- Cash Check (# _____)
- VISA Payroll Deduction
- MasterCard F/S Academic & Annual
*Addtl. Forms Required

Membership: \$ _____

Sales Tax: \$ _____

Total: \$ _____

Employee Initials: _____

Date: _____

Membership Staff

Date Entered: _____

Employee Initials: _____

Hold Harmless Agreement Completed? No Online Hard Copy No/Renewal

Notes: _____

*Dependents must be 18 years of age or older to be eligible for membership.

Refunds:

Memberships will not be refunded except in an unusual, unforeseen circumstance. Each requested refund will be judged on a case by case basis.