



FACULTY/STAFF/RETIREE/SPOUSE MEMBERSHIP CONTRACT

PLEASE PRINT

Last Name _____ First Name _____ MI _____ Date: _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Email _____ UIN _____

Faculty / Staff Department (All Members) _____ Work Phone _____

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____
<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	
<input type="checkbox"/> Retiree	<input type="checkbox"/> Spouse	

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

TYPE OF MEMBERSHIP (Faculty, Staff, Retiree/Spouse):

- | | |
|---|--|
| <input type="checkbox"/> \$100/\$125 for Fall (Aug-Dec) | <input type="checkbox"/> \$25 for 1 Month Summer (May) |
| <input type="checkbox"/> \$100/\$125 for Spring (Jan-May) | <input type="checkbox"/> \$50 for 2 Month Summer (June-July) |
| <input type="checkbox"/> \$25 per Month* | <input type="checkbox"/> \$75 for 3 Month Summer (May-July) |

*Available with purchase of subsequent semester after October 15 (Fall) and March 15 (Spring) only.

PAYROLL DEDUCTION (*Must be set up by 1st week in Sept./Jan.*)

← A signed Payroll Deduction Authorization Form is required.

I agree to comply with the policies and procedures set forth by the Campus Recreation Department and the Texas A&M University System. I agree to provide the information requested above, including a current Tarleton Staff/Faculty ID and UIN. I understand that by signing this Contract, it cannot be cancelled until the end of the contract period and that no refunds or pro-rating will be given for any reason. If a faculty/staff member pays the recreation sports center fee through tuition fees after paying for their membership, no refund will be issued.

Signature

Date

Privacy Notice: State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

RECEIPT NO.: _____

TOTAL MEMBERSHIP PAID: \$ _____

PAYMENT TYPE: CASH CARD

SEMESTER(S): FALL SPRING _____
 MAY MAY-JULY JUNE-JULY

CHECK: # _____
 PAYROLL DEDUCTION

PROCESSED BY: _____ DATE PROCESSED: _____