

# Student Recreation and Wellness Center

# Membership Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

WU ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Campus Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Area Code

Email: \_\_\_\_\_

**Washburn Affiliation:** See reverse side of this document for eligibility requirements.

- |   |   |
|---|---|
| _____ Faculty   | _____ Staff (Exempt/Salaried)   |
| _____ Adjunct Faculty (Not eligible for payroll deduction)  | _____ Staff (Classified/Hourly)   |
| _____ Retired Faculty/Staff   | _____ Part-Time/Temporary Staff   |
| _____ Chartwells (Not eligible for payroll deduction)   | _____ Washburn University Foundation Staff                                |
| _____ Washburn Tech (Washburn Salaried)   | _____ Washburn Tech (T.P.S. Salaried, Not eligible for payroll deduction) |
| _____ Washburn Tech (Washburn Hourly)   | _____ Washburn Tech (T.P.S. Hourly, Not eligible for payroll deduction)   |
| _____ Washburn Tech (Adjunct Faculty, Part-Time/Temporary Staff, Not eligible for payroll deduction)              |   |
| _____ Washburn 65+ Audit Students (Only eligible to pay for six month membership for semester they are enrolled.) |   |

## Membership Options and Rates:

- \_\_\_\_\_ \$75.00 Six Month Membership (July 1-December 31)
- \_\_\_\_\_ \$75.00 Six Month Membership (January 1-June 30)
- \_\_\_\_\_ \$150.00 Annual Membership (July 1-June 30), \$12.50 per month if payroll deduction payment option is selected.

## Payment Options:

- \_\_\_\_\_ Check
- \_\_\_\_\_ Cash
- \_\_\_\_\_ Monthly or Bi-Weekly Payroll Deduction: (Only available to faculty & staff choosing to purchase an annual membership.)

**FOR OFFICE USE ONLY**  
Record transaction information on the back of this form.

**Payroll Deduction:** By choosing the payroll deduction payment option above, I realize this constitutes a salary reduction agreement and this agreement shall be legally binding and irrevocable as to both of the parties hereto while employment continues; provided however, either party may change or terminate this agreement at the end of any month, so it will not apply to compensation not yet earned, by giving at least 30 days written notice of the date of said change or termination. I realize my membership will automatically renew at the applicable future membership rate. Therefore, I also realize the amount deducted from my paycheck may change when my membership renews (July1), and that I have the option of canceling my membership via written notice.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

By my signature below, I agree to follow all Student Recreation and Wellness Center policies and procedures. I fully understand failure to do so may result in penalty, up to and including loss of membership privileges.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature



**For purposes of membership to the SRWC, individuals are defined as students, faculty or staff based on the criteria listed below.**

**Student: Tuition paying, full-time enrollment eligible, student**

*Part-time students, who have graduated from high school, are considered SRWC members.  
 Part-time students, who have not graduated from high school, are not considered SRWC members.  
 Faculty and Staff members who are paying for tuition are considered students.  
 65+ Audit students are eligible to purchase memberships.  
 Contact the SRWC for further clarification.*

**Faculty: Benefit eligible member of the faculty**

**Adjunct faculty (currently under an employment contract)**  
**Retired faculty**  
*Retired status is verified with the Human Resources department.*

**Staff: Benefit eligible member of the staff**

**Part-time &/or Temporary staff (currently under an employment contract)**  
**Retired staff**  
*Retired status is verified with the Human Resources department.  
 Incidental employees are not eligible for SRWC membership.*

**NOTES: FOR MEMBERSHIP & RENEWAL PAYMENTS**

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Updated 7/10

**ADD'L NOTES:**

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