

**Please print clearly:**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

New Membership       Membership Renewal

University Status (circle one): **\*Certification Students are not eligible for Rec Center Membership**

**Faculty**                      **Staff**                      **\*Alumni**                      **Family Member**

**Home Address**                                      **City**                                      **State**                                      **Zip**

**Campus Department**                                      **Ext.**

(\_\_\_\_\_) \_\_\_\_\_  
**PHONE**                                      **Banner# or last 4 digits of SS#**

**NOTE: Family Member Applicants must live in same household as primary member (*Proof required*). Children 15 yrs. and under not permitted in Weight/Fitness Room.**

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

**Payment Type** (circle one):

**Cash**      **Check/Money Order**      **Visa**      **Master Card**      **Discover**      **Payroll Deduction**  
Payable to WPUNJ

**Credit Card Number**                                      **Expiration Date**                                      **CVV#**

**Cardholder Name**                                      **Signature**

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

**\*ALL ALUMNI MUST SHOW VALID ALUMNI CARD**

**\*\*\*THERE WILL BE A \$10 FEE TO REPLACE LOST OR DAMAGED ID CARDS.**

In consideration for the acceptance of my entry, I, for myself, my executors, administrators and assignees do hereby release and discharge William Paterson University Recreation Center, New Jersey Educational Facilities Authority, and the State of New Jersey, their employees, and all individuals assisting me from all claims of damages, demands and actions, whatsoever, in any manner or growing out of my participation, that I assume and pay my own medical and emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses, and that I'm physically fit and sufficiently trained to participate in this facility. To the best of my knowledge, the above statements are true.

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

**If applicant is a family member, please list the primary member's information (the primary member must be present and have a valid membership).**

**Name**                                      **University Status**                                      **Banner #**