Thank you for your interest in gaining access for your significant other/domestic partner and or qualifying dependents to be able to use the recreational facilities. In order for your significant other/domestic partner and or qualifying dependents to have access to use the recreational facilities you must first be classified as a full time student paying your activity fees or a full time faculty/staff member eligible for payroll deduction. If you meet one of these requirements then you must complete the attached forms requesting access for your significant other/domestic partner or qualifying dependents and provide evidence of joint responsibility for each other's welfare, including financial obligations or dependent status and have attached appropriate documentation. Appropriate documentation includes copies of original documents (it is suggested that sensitive information be blocked out) or letters from a neutral third-party agent (such as a lending agent or a lawyer) or documentation verifying your relationship status, i.e. marriage license/certificate. After completing the forms and getting them notarized bring them along with your proof of relationship status to the Student Recreation Center main office Monday-Friday between the hours of 8:00am-12:00noon and 1:30pm-4:30pm, ask for Anna Lee or Sue. Upon approval of your application we will notify the App Card Office so that you can take your significant other/domestic partner and or dependents (you must accompany them) to the App Card Office to have an App Card made.

Remember no App Card no access to any of the recreational facilities.

If you have any questions please call 828-262-2100 Monday-Friday 8:00am-4:30pm.
Significant Other/Domestic Partner Membership Application/Agreement Form

This form is for the purpose of Students, Faculty, and Staff to request membership for their Significant Other/Domestic Partner to University Recreation Facilities.

This affidavit is to be completed and signed by all parties involved (over the age of 18). If more space is needed, please use Section 4. The affidavit must be notarized and accompanying information attached before submitting it to the Associate Director of University Recreation. Approval must be granted prior to being able to use the facilities. This information will remain confidential within University Recreation to the extent allowed under the law.

Your Name: ______________________
Last Name          First Name       M.I   Banner ID #

How are you affiliated with the University?  
_____ Full-time student
_____ Permanent Faculty or Staff

Other/Partner Name: ______________________
Last Name    First Name       M.I  Banner ID # (if available)

Section 1. Significant Other or Domestic Partnership Requirements

We certify that we have an established commitment in accordance with the following criteria and eligibility requirements:

➢ We are each other’s sole Significant Other/Domestic Partner and intend to remain so indefinitely. As such:

  o we have an exclusive mutual commitment to share responsibility for each other’s welfare and financial obligations;
  o we are each 18 years of age or older and mentally competent to consent to this affidavit;
  o neither of us is married or in any other Significant Other/Domestic Partner relationship;
  o we are not related by blood;
  o neither of us has had another Significant Other/Domestic Partner within 6 months prior to submission of this affidavit.

We also certify that three or more of the following exist as evidence of joint responsibility for each other’s welfare, including financial obligations, and have attached appropriate documentation. Appropriate documentation includes copies of original documents (it is suggested that sensitive information be blocked out) or letters from a neutral third-party agent (such as a lending agent or a lawyer) verifying that these documents exist.
Please check applicable items:

1) ( ) Joint mortgage or lease
2) ( ) Designation of the Significant Other/Domestic Partner as durable power of attorney or health care proxy
3) ( ) Joint wills or designation of the Significant Other/Domestic Partner as executor and/or primary beneficiary of estate
4) ( ) Joint bank account, joint credit cards or other evidence of joint financial responsibility
5) ( ) Designation of the Significant Other/Domestic Partner as beneficiary for life insurance or retirement benefits
6) ( ) Evidence of joint tax filing
7) ( ) Civil Union Certificate
8) ( ) Other evidence that establishes interdependence (please specify in section 4)

Section 2. Terms and Conditions

We agree that:

(1) If there is any change in our Significant Other/Domestic Partner status as certified in this affidavit, we will notify University Recreation within 30 days of the effective date of such change.

(2) At least 6 months must elapse from the date of the termination of Significant Other/Domestic Partner relationship before another Significant Other/Domestic Partner relationship may be approved by University Recreation.

(3) Anyone who makes false statements about satisfying the eligibility criteria or fails to notify University Recreation of a change in status will be subject to disciplinary action, including but not limited to revocation of membership for the recreation facilities.

(4) University Recreation may change its rules, policies and practices on Significant Other/Domestic Partners at any time by providing notice at least 30 days before changes are effective.

(5) All University Recreation policies including federal, state and local laws, will be followed.
Section 3. Declaration

We declare that the statements in this document are true and correct. We have read and understand the terms and conditions contained in this affidavit. We understand that any misrepresentation of fact can result in loss and/or termination of qualifying affidavit. Our signatures also indicate our understanding that the Applicant assumes responsibility for the behavior and actions of all who are approved to use the recreation facilities.

__________________________________   _____________________
Applicant Name (Printed)                   Date

___________________________________   _____________________
Significant Other/Domestic Partner Name (Printed)    Date

_______________________________________________________   ______________
Mailing Address of Employee and Significant Other/Domestic Partner

____________________________________________________    ______________
Applicant’s Appalachian State University Email address   Cell phone number

____________________________________________________    ______________
Significant Other/Domestic Partner’s Email address    Cell phone number

Section 4. Additional Information (if necessary)
Section 5. Notarization

State of:

On this ___________________ day of ________________ in the year of ____________, before me, _______________________________, personally appeared ___________________ & ________________________, (Notary Public) (applicant name) (applicant name)

personally known to be (or proved to me on the basis of satisfactory evidence) the persons whose names are subscribed to this instrument and acknowledged that they executed it.

____________________________________
Signature and SEAL of Notary Public

__________________________________    ______________________
Signature of Applicant                      Date

__________________________________   _______________________
Signature of Spouse or Domestic Partner                     Date

Return the original notarized copy of this affidavit and accompanying documentation to University Recreation.

University Recreation
Student Recreation Center
ASU Box 32081
Boone, NC  28608

Office Use Only

Received by: _________________            Date: __________

Reviewed by:
Assistant Director for Informal Recreation  Y    N  Date: _______
Associate Director of University Recreation  Y    N  Date: _______

Notification sent to the following units:
AppCard Office:             Y    N  Date: _______
Human Resources:             Y    N  Date: _______