

Member Services – proof of same address

Document Type/s: \_\_\_\_\_

Initial: \_\_\_\_\_

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

**Appalachian State University  
University Recreation  
Facility Access Membership Form  
STUDENTS**

UREC Office Approval

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

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

Initial: \_\_\_\_\_

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Email Address: \_\_\_\_\_@appstate.edu Telephone #: \_\_\_\_\_

**Check if selecting the following membership type:**

<input type="checkbox"/> Student Family Membership (\$0 fee)	<p align="center"><b>Fall Semester: August 10 – December 31 Spring Semester: January 1 – May 15 Summer Semester: May 16 – August 9</b></p>
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**If adding Household Members:**

The maximum age a child is eligible to be claimed as a dependent for a family membership is 26 years of age. Individuals will no longer qualify for the membership after their 26th birthday.

If you are selecting a family membership, your membership form must be approved in person at the Student Recreation Center (SRC). Both adult members must be present and you must bring “proof of same address” prior to your membership being activated. See our website for details.

**Household Member Information:**

First, MI, Last Name	Preferred Name	Relationship	Gender	Date of Birth	Phone Number	Email address
				/ /	( ) -	
				/ /	( ) -	
				/ /	( ) -	
				/ /	( ) -	
				/ /	( ) -	

I certify that the information listed above is correct to the best of my knowledge and that all the names listed are eligible family members.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date