



# MEMBERSHIP FORM

## Employee/Student

### EMPLOYEE/STUDENT

Eagle ID \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Address: (# and Street) \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # including Area Code: (\_\_\_\_\_) \_\_\_\_\_

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

### EMPLOYEE/STUDENT SPOUSE

Eagle ID \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

**CHILDREN** (Allowed during SUMMER months of Annual Membership Only; for dependent children under age 23)

NAME                      DATE OF BIRTH                      AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEMBERSHIP TYPE

Please identify which type(s) of membership you are purchasing:

- Employee Individual                       Employee Spouse                       Other \_\_\_\_\_
- Student Individual                       Student Spouse

### TERM

- Fall Semester                       Spring Semester                       Academic                       Annual

### LOCKERS

Please identify which type of locker you are purchasing:

- Half Size                       Full Size (Annual Only)                       Men's                       Women's

### TERM

- Fall Semester                       Spring Semester                       Academic                       Annual

### PAYMENT

Please select a method of payment. Make checks out to BCAD.

- Check No. \_\_\_\_\_                       Money Order                       VISA/MC                      Cardholder's Name: \_\_\_\_\_
- 16 Digit Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

- Payroll Deduction (For Permanent Faculty and Staff Only)
- 20 WEEKLY Deductions July through November for weekly payroll schedule or \$\_\_\_\_\_ per pay period.
- 5 MONTHLY Deductions July through November for monthly payroll schedule or \$\_\_\_\_\_ per pay period.

Membership Cost: \_\_\_\_\_ Locker Cost: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_

I agree to abide by all of the Recreational Complex rules and regulations as listed on the Plex website. Failure to comply with these rules may result in termination of my Boston College Recreation Complex membership.

Name (Print): \_\_\_\_\_

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

**RECREATION COMPLEX MEMBERSHIP OFFICE ONLY**

Entered into System By: \_\_\_\_\_ Date: \_\_\_\_\_

Details: \_\_\_\_\_ Filed By: \_\_\_\_\_

### LOCKER INFORMATION

Rental Period Ends: \_\_\_\_\_

Locker No. \_\_\_\_\_ Serial No. \_\_\_\_\_ Combination: \_\_\_\_\_