



MEMBERSHIP FORM

Employee/Student

EMPLOYEE/STUDENT

Eagle ID _____ - _____

Name: _____

EMPLOYEE/STUDENT SPOUSE

Eagle ID _____ - _____

Name: _____

INFORMATION

Address: (# and Street) _____

City, State: _____ Zip: _____

Phone # including Area Code: (_____) _____

Email Address: _____

MEMBERSHIP

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

TYPE

- Employee Individual
- Student Individual
- Employee Spouse
- Student Spouse
- Towel Service
- Other: _____

TERM

- Fall Semester
- Spring Semester
- Academic
- Annual

LOCKERS

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

SIZE

- Half Size
 - Fall Semester
 - Spring Semester
 - Academic Year
- Full Size (full year)

TYPE

- Women's
- Men's

PAYMENT

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

Check No. _____ Money Order

Visa MasterCard Discover

Cardholder's Name: _____
16 Digit Card No. _____ Exp. _____

Payroll Deduction (For Permanent Faculty and Staff Only)

32 WEEKLY Deductions July through February for weekly payroll schedule or \$_____ per pay period.

8 MONTHLY Deductions July through February for monthly payroll schedule or \$_____ per pay period.

Membership Cost: _____ Locker Cost: _____ Towel Service: _____ TOTAL COST: \$

Student/Employee Agreement:

I, the undersigned, release, hold harmless and agree to indemnify Trustees of Boston College and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

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: _____

MAIL TO: Boston College Flynn Complex
Member Services
140 Commonwealth Ave.
Chestnut Hill, MA 02467

FAX TO: 617-552-1886

OFFICE USE ONLY

Entered into system by: _____

Date: _____