



MEMBERSHIP FORM - SUMMER

EMPLOYEE/STUDENT/COMMUNITY RESIDENTS

Name: _____
 Address: (# and Street) _____
 City, State: _____ Zip: _____
 Phone # including Area Code: (_____) _____
 Email Address: _____

RECREATION COMPLEX MEMBERSHIP OFFICE USE ONLY

Entered into system by: _____

Date: _____

Comments: _____

MEMBERSHIP

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Employee Individual | <input type="checkbox"/> Employee Spouse | <input type="checkbox"/> Employee Family | <input type="checkbox"/> Senior Individual |
| <input type="checkbox"/> Student Individual | <input type="checkbox"/> Student Spouse | <input type="checkbox"/> Student Family | <input type="checkbox"/> Senior Spouse |
| <input type="checkbox"/> Community Individual | <input type="checkbox"/> Community Family | <input type="checkbox"/> Caretaker/Babysitter | <input type="checkbox"/> Senior Family |

NAME	AGE	EAGLE-ONE ID #
_____	N/A	_____
(Employee/Student/Community Resident)		
_____	N/A	_____
(Spouse)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM REGISTRATION

PROGRAM NAME	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COST OF MEMBERSHIP

Total Program Cost (add from above) = \$ _____
 + Membership Fee = \$ _____
 + # of Women's Lockers _____ = \$ _____
 + # of Men's Lockers _____ = \$ _____
TOTAL COST \$ _____

PAYMENT

Please select a method of payment. Make checks out to BCAD.
 Check No. _____ Money Order Visa MC

_____ Cardholder's Name

 _____ 16 Digit Card Number _____ Exp. Date

MEMBERSHIP AGREEMENT:

I agree to abide by all of the Recreation 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
 Membership Office
 140 Commonwealth Ave.
 Chestnut Hill, MA 02467

FAX TO: 617-552-2614