



# MEMBERSHIP FORM

## EMPLOYEE/STUDENT

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # including area code: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### RECREATION COMPLEX MEMBERSHIP OFFICE USE ONLY

Entered on System by: \_\_\_\_\_

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

Comments: \_\_\_\_\_

### MEMBERSHIP

Please check off which membership types you are purchasing:

- Employee Individual  
  Employee Spouse  
  Employee Family  
  Caretaker/Babysitter  
  Student Individual  
 Student Spouse  
  Student Family

NAME	AGE	EAGLE-ONE ID	LOCKER
_____ (EMPLOYEE/STUDENT)	N/A	_____	_____
_____ (SPOUSE)	N/A	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PROGRAM REGISTRATION

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

### PAYMENT

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

- Check  
  Money Order  
  Visa  
  Master Card

CARDHOLDER'S NAME \_\_\_\_\_

16 DIGIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

### MEMBERSHIP AGREEMENT:

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

### COST OF MEMBERSHIP

TOTAL PROGRAM COST (add from above)	= \$ _____
+ MEMBERSHIP FEE	= _____
+ WOMEN'S LOCKERS _____ @ \$20/EA	= _____
+ MEN'S LOCKERS _____ @ \$20/EA	= _____
+ ID CARD(S) _____ @ \$ 5/EA	= _____

**TOTAL COST OF MEMBERSHIP = \$ \_\_\_\_\_**

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MAIL TO:

**Boston College Flynn Recreation Complex  
Membership Office**

**FAX TO: 617.552.2614**



# MEMBERSHIP FORM

## COMMUNITY RESIDENTS

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # including area code: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### RECREATION COMPLEX MEMBERSHIP OFFICE USE ONLY

Entered on System by: \_\_\_\_\_

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

Comments: \_\_\_\_\_

### MEMBERSHIP

Please check off which membership types you are purchasing:

- Community Individual
- Community Family
- Senior Citizen
- Senior Family
- Caretaker/Babysitter

NAME	AGE	EAGLE-ONE ID	LOCKER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PROGRAM REGISTRATION

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

### PAYMENT

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

- Check
- Money Order
- Visa
- Master Card

CARDHOLDER'S NAME \_\_\_\_\_

16 DIGIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

### MEMBERSHIP AGREEMENT:

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

### COST OF MEMBERSHIP

TOTAL PROGRAM COST (add from above)	= \$ _____
+ MEMBERSHIP FEE	= _____
+ WOMEN'S LOCKERS _____ @ \$20/EA	= _____
+ MEN'S LOCKERS _____ @ \$20/EA	= _____
+ ID CARD(S) _____ @ \$ 5/EA	= _____

**TOTAL COST OF MEMBERSHIP = \$ \_\_\_\_\_**

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MAIL TO:

Boston College Flynn Recreation Complex  
Membership Office

**FAX TO: 617.552.2614**