

University of Houston - Department of Campus Recreation
Campus Recreation and Wellness Center Membership Application

Complete in Ink

CUSTOMER INFORMATION

Last Name _____ First Name _____
 Address _____ Phone _____ / _____ - _____
 City _____ State _____ Zip Code _____
 Email _____
 UH ID # _____ One Card _____ DOB ____/____/____

MEMBERSHIP PLAN

Faculty/Staff/Retirees	1year	2 semesters	1semester
Associate Members; UH Affiliates	Summer	Monthly	Weekly
UH Student/ Student Sponsored	Summer(1) First Half \$42.00	Summer(4) Second Half \$42.00	
3 rd party Contract Services (attach letter)			

Sponsoring Student _____ STUDENT ID NUMBER : _____

By signing, I certify that I am currently enrolled in classes at the University of Houston Main Campus and have paid CRWC fee.

Student's Signature _____ Date: _____

Current HAO - Alumni – First Year after graduation	1year	Summer
Current HAO - Alumni – First plus years after graduation	Monthly	Weekly

Community Pass (Available from May 1 thru Sept. 1 only)	Monthly	Weekly
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Membership Additions: Same household documentation is required to verify sponsorship eligibility.

If new cards is needed.

<input type="checkbox"/> New Card	1st Sponsored Person	_____	DOB	____	____	____	____
<input type="checkbox"/> New Card	2nd Sponsored Person	_____	DOB	____	____	____	____
<input type="checkbox"/> New Card	3rd Sponsored Person (Family rate)	_____	DOB	____	____	____	____
<input type="checkbox"/> New Card	4th Sponsored Person (Family rate)	_____	DOB	____	____	____	____
<input type="checkbox"/> New Card	5th Sponsored Person (Family rate)	_____	DOB	____	____	____	____

“State law requires that you be informed of the following:

- with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form;
- under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information ; and
- under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.”

All information provided to the University of Houston on this document is accurate and complete and I understand fines and penalties may be assessed for misrepresentation. Membership acknowledges my acceptance of responsibility for all violations associated with this membership(s) and compliance with the University of Houston—Campus Recreation and Wellness Center—Department of Campus Recreation policies and guidelines. I understand that I am responsible for payment of any outstanding balance in full. No refunds will be given under any circumstances.

Applicant's Signature: _____ Date: _____

PAYMENT INFORMATION

CRWC Membership starts on ____/____/20____ and ends ____/____/20____ Amount: \$ _____

Check/Money order: Check number: _____ Cash (Please, do not send cash in the mail) BNW receipt: _____

Credit Card Receipt # _____