



# Alumni/Alumni Spouse MEMBERSHIP CONTRACT

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ UIN \_\_\_\_\_

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Other	

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**TYPE OF MEMBERSHIP:**

ALUMNI/GRADUATE \$150 for Spring or Fall Semester / \$75 for Summer

ALUMNI/GRADUATE SPOUSE \$150 for Spring or Fall Semester / \$75 for Summer  
*(Available only if Graduate has a current membership to the Recreation Sports Center.)*

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

*I agree to comply with the policies and procedures set forth by the Recreational Sports Department, Tarleton State University, and The Texas A&M University System. I agree to provide the information requested above, including a current Tarleton Alumni Association membership, and proof that I graduated from Tarleton State University. I understand that by signing this contract, it cannot be cancelled until the end of the contract period and that no refunds or pro-rating will be given for any reason.*

\_\_\_\_\_  
**Signature** **Date**

**Privacy Notice:** State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ RECEIPT No.: \_\_\_\_\_

TOTAL MEMBERSHIP PAID: \$ \_\_\_\_\_ PAYMENT TYPE:  CASH

SEMESTER(S):  FALL (August – December)  CHECK: # \_\_\_\_\_

SPRING (January – May)  CREDIT

SUMMER (June – July)

PROCESSED BY: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_

[Type here]