Alumni/Alumni Spouse
MEMBERSHIP CONTRACT

PLEASE PRINT

Last Name _____ First Name _____ MI _____ Date: _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Email _____ UIN _____

❒ Male ❒ Female ❒ Other

Emergency Contact:

Name:_____ Relationship:_____ Phone #:_____

TYPE OF MEMBERSHIP:

❒ **ALUMNI/GRADUATE** **$150 for Spring or Fall Semester / $60 for Summer**

❒ **ALUMNI/GRADUATE SPOUSE** **$150 for Spring or Fall Semester / $60 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: _____