

2009/2010 DUKE UNIVERSITY RECREATION FACILITIES MEMBERSHIP APPLICATION

(Return Form To: The DukeCard Office, 100 West Union Building, Box 90911, Durham, NC 27708-0911, FAX 681-7075)

Applicant Name: _____ Duke Unique ID#: _____
 Department: _____ Campus Mailing Address: _____
 Home Address: _____ City/State/Zip: _____
 Home Phone: _____ Office Phone: _____

Classification:

Duke Faculty/Staff/Employee Graduate Student Spouse Alumni – Graduation Year: _____
 DRH/RCH Employee Retired Employee Other: _____
 Graduate Student Undergraduate Student School/Program: _____

Membership Card: Each member must present a valid DukeCard to enter the facilities. If member does not already have a card, there is a fee to obtain one. Lost/stolen cards may be replaced for a fee. DukeCards and membership privileges are non-transferable.

West & East Campus

<u>Term Option</u> (Circle Dollar Amount):	<u>Individual</u>	<u>Family Plan</u>
Calendar Year (August 15 – August 14)	\$200.00	\$350.00
Academic Year (August 15 – May 15)	\$168.00	\$300.00
Fall Semester Only (August 15 – December 31)	\$84.00	\$150.00
Spring Semester Only (January 1 – May 15)	\$84.00	\$150.00

Graduate Student Spouse (fall / spring / summer): _____ terms @ \$34.00 each = \$ _____

Pay per visit*: Employees & Others - \$7.00 ***Limit 2 Guests*** (Guests must be with full member) Duke Students - \$3.00
 (*Per visit payment must be made via DukeCard Flexible Spending Account. Guests must be accompanied by full member to access locker rooms.)

Family Plan: Permits use of recreational center facilities by current member, their spouse and children age 18 and younger. Spouse and children must reside in member's home. Children will not be issued cards and must be accompanied by the parent cardholder when using facilities. Please list all eligible family members below:

	<u>Full Name</u>	<u>Relationship</u>	<u>Duke Unique ID#</u>	<u>Date of Birth</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Payment Method (Membership fee and card charges are non-refundable):

Cash Check: # _____ Debit Card FLEX Dept Code: _____

Payroll Deduction: ***Calendar Year Options Only*** (Not available after March 1, 2010)

Fees billed in 10 equal installments: September thru June

West & East Campus: Individual - \$20.00 per month (10 months) Family Plan - \$35.00 per month (10 months)

Indicate payroll status*: Bi-Weekly Monthly ***Payroll Deduction option limited to Full-Time Duke Employees***

Risk Waiver & Release

Duke University and the Department of Athletics are not responsible for any injuries received while playing in Duke University recreational facilities and programs. Participation in all activities is completely voluntary and all participants are responsible for their own welfare. We strongly recommend that each participant have personal medical coverage.

I certify that the information I have provided above is correct and I agree to abide by all rules and regulations governing recreational facilities. I understand that the recreational center fee is **non-refundable** and this membership cannot be cancelled or changed once it has been processed (For questions regarding this policy, please contact the Director of Recreational Facilities at 613-7489). If payment is made via payroll deduction, I hereby authorize Duke University to deduct this membership fee from my paycheck. All rates are subject to change.

Signature: _____ Date: _____

Office Use Only:

Membership Fee: _____ Card Fee: _____ Privilege(s) Assigned: _____ Posted to Payroll: _____

Amount Received: _____ Date: _____ Time: _____ Operator: _____ (7/2009)