



# FLORIDA SOUTHERN COLLEGE

Nina B. Hollis Wellness Center -- Alumni Membership Form

\_\_\_\_\_ Individual Membership \$150

\_\_\_\_\_ Family Membership \$250

How did you hear about this benefit? \_\_\_\_\_

Date: \_\_\_\_\_  New  Renewal

Alumni Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

*For a Family Membership*

Spouse's Name: \_\_\_\_\_

**Children age 15 or older:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Additional Family Member (\$25 each):**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

I declare that I have read and understood the policies and information provided within this packet and that the above named persons are members of my immediate family, currently residing full-time in my home and the address listed above is their only place of residence.

Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Staff: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

\_\_\_\_\_ Faxed to Alumni Office at x4112

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

\_\_\_\_\_ Faxed to Safety at x4214