



## Nina B. Hollis Wellness Center Faculty/Staff Membership Form

Date and Time: \_\_\_\_\_ Faculty  Staff  Dept.: \_\_\_\_\_

Faculty/Staff Member Name: \_\_\_\_\_ ID# \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_ e-mail address: \_\_\_\_\_

*Family Members:* (For the purpose of this application family member is defined as immediate family member including legal spouse and children/stepchildren or individuals for whom a faculty or staff member has been assigned legal responsibility in a guardianship capacity.)

Spouse's Name: \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_

Intramurals \$25.00/acad. yr.

Children age 15 or older: (Under 15 for Pool usage only)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_

Emergency Contact:

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

I acknowledge that I have read and understand the policies and information provided within this packet which are also available on the website at <https://www.flsouthern.edu/campus-offices/wellness/membership.aspx>. By signing below I am also certifying that the information I have provided is complete and accurate. I understand any false answers or statements or any misrepresentations on the Application Form shall be sufficient for the withdrawal of membership or other action as deemed appropriate by the College.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

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

Cash  Check  Charge: Type \_\_\_\_\_

Scanned to Advancement