Nina B. Hollis Wellness Center
Alumni Membership Form

☐ Individual Annual $150 ☐ 3 Mos. $37.50 ☐ 6 Mos. $75.00

☐ Family Annual $250 ☐ 3 Mos. $62.50 ☐ 6 Mos. $125.00

How did you hear about this benefit? _____

Date and Time of app.: _____ ☐ New ☐ Renewal

Alumni Name: _____DOB:_____ID#_____ Yr. Grad_____

Home Address: _____

City: _____ Zip: _____ E-mail_____

Home Phone: _____ Cell Phone: _____

For a Family Membership:

Spouse's Name: _____DOB:_____ID#_____
Children age 16 or older: (Children 15 and under limited to pool usage only)

Name: _____ Birth date: _____ ID#_____

Name: _____ Birth date: _____ ID#_____

Additional Family Member ($25 each):

Name: _____ Relation: _____Birth date (if child):_____ ID#_____

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: _____
☐ Cash ☐ Check ☐ MasterCard ☐ Visa
☐ Scanned to Advancement