Department of Athletics, Physical Education & Recreation
Membership/Change of Address Form

MIT ID #_____

_____	_____	_____	_____
Last Name	First Name	Birth Date	M/F
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____		
Phone	E-mail		
_____	_____	_____	
Emergency Contact Name	**Relationship**	**Contact Phone Number**	

FAMILY MEMBERSHIP INFORMATION, IF APPLICABLE

(Family membership includes 1 primary, 1 spouse/partner, & dependants under the age of 18 or under the age of 25 with valid student ID):

Name	**Birth Date**	**ID Card #**
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOWEL SERVICE *(Please check one)*
Towel Service Card **Complimentary** ☐
Towel Service Card **Extra ($5)** ☐ # Purchased _____

PLEASE INITIAL BELOW:

_____ I agree to execute attached Waiver and Release agreement.

_____ I have reviewed the Membership Handbook and will comply with the policies of the facility.

_____ I understand that Memberships are non-refundable after 60 days from date of purchase. Cancellations within 60 days will result in a $50.00 cancellation fee, plus prorated pass fee.

Optional Payment Plans

Credit Card Payment Plan

All membership types

Check one box:
☐ Annual membership = 20% downpayment + 11 monthly deductions
☐ Six-Month membership = 20% downpayment + 5 monthly deductions

Membership Term: Annual ☐ 6-Month ☐

Payment Type: Visa* ☐ MC* ☐ Discover * ☐

There will be a $25 fee for credit card chargeback requests or returned checks.

CONSUMER'S RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON OR POSTMARKED BY CERTIFIED OR REGISTERED UNITED STATES MAIL WITHIN THREE (3) BUSINESS DAYS OF THE DATE OF THIS CONTRACT OR THE DATE OF YOUR RECEIPT TO THE ADDRESS SPECIFIED IN THIS CONTRACT

_____ _____
Signature **Date of Sale**

Membership Cost: _____
Extra Fees: _____
TOTAL: _____
Expiration Date: _____