Carmichael Complex
Membership Information Sheet

Cash
Check #_____

Name: _____ Date _____
Last First MI

Email: _____ Campus ID#: _____

Daytime Phone #: _____ Emergency Contact Name: _____

Home Phone #: _____ Emergency Contact Phone #: _____

Home Address: _____

City : _____ State:_____ Zip:_____

Is this a renewal? _____ Yes _____ No

What are the main activities you are planning to participate in? (Please Circle all that apply)

Weight Training *Cardiovascular Training* *Aerobics* *Pool*

Basketball *Volleyball* *Club Sports* *Racquet Sports*

*Other*_____

Optional Demographic Information (Please Circle)

Gender: M / F

For Office Use: Type:_____ **Amount:**_____