

**Berea College
SEABURY CENTER**

MEMBERSHIP APPLICATION

Please Print Plainly

NAME _____ (must be 18 yrs of age) **PRIMARY PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EMAIL _____

Email will ONLY be used to send monthly schedules, info about new classes, or sudden closings (pool for weather, etc.)

CATEGORY: SINGLE _____ FAMILY* _____

*If family membership, list second person/spouse and/or dependents ***

SPOUSE/Second Person _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

* All qualifying family members must reside in the same household.

** Dependents are children 5-17 years of age AND living at home or are 18-25 years of age and full-time students at a college.

I am interested in the following membership type: *(please circle one)*

DAYTIME ANNUAL
(Weekdays 6a-4p; weekends)

FULL-TIME ANNUAL
(Anytime the facility is open)

MONTHLY
(Anytime the facility is open)

MEMBERSHIP FEE STRUCTURE:

Daytime Annual

Full-time Annual

Monthly

Berea College Alumni - Single member	\$135	\$195	\$25
Berea College Alumni - Family membership	\$205	\$305	\$50
Community Card Holder - Single member	\$195	\$255	\$25
Community Card Holder - Family membership	\$265	\$365	\$50

I, the undersigned, consent to become a member of Seabury Center and, in so doing, agree to abide by its policies and regulations. I affirm that any qualifying family members listed above are legal dependents for IRS tax purposes and understand that my membership may be revoked without refund if this information is misrepresented. I further agree not to hold the sponsors, employees, or supervising personnel of Seabury Center or Berea College liable for any claims arising from injuries sustained there.

Signature _____ Date _____

EMERGENCY CONTACT

Name _____ Phone _____ Relationship _____

I understand the college requires a parking decal from Public Safety to park on campus property. If I drive a vehicle without a decal, I acknowledge Seabury Center is not responsible for any parking tickets I receive. _____ (initial)

For office use only:

Affiliation: Alumni Community **Membership Type:** Daytime Full-time Monthly **Date of Issuance:** _____

Member # _____ Amount Paid _____ Cash/Check # _____ Receipt # _____