## Berea College SEABURY CENTER

## EMPLOYEE'S/STUDENT'S FAMILY MEMBERSHIP APPLICATION

Please Print Pl	ainly					4
NAME			EXTENSION/CELL PHONE			
ADDRESS/CI	20		CITY		ZIP	
EMAIL					4	
CATEGORY:	Check one of th	e following:				
	Employee	Department	4		_	
	Student	Graduation Date				
SPOUSE/Seco	ond Person					
NAME		AGE	_ Birthdate	Rela	ntionship	
NAME		AGE	_ Birthdate	Rela	tionship	
NAME		AGE	Birthdate	Rela	tionship	
NAME		AGE	Birthdate	Rela	tionship	
** All qualify		nd/or dependents rs must be legal dependents fo years of age AND living at hor		age and full-tin	ne students at	a college
regulations. I understand that not to hold the	affirm that any qu at my membershi	ecome a member of Seabury palifying family members list p may be revoked without re yees, or supervising personn here.	ted above are legal de efund if this informati	pendents for I on is misrepre	RS tax purpo esented. I fur	ses and ther agree
Signature	AT		Date			
EMERGENCY	CONTACT					
NAME			RELATIONSHIP			
ADDRESS/CI	20		CITY		ZIP	
PHONE						