

**Berea College
SEABURY CENTER**

EMPLOYEE'S/STUDENT'S FAMILY MEMBERSHIP APPLICATION

Please Print Plainly

NAME _____ EXTENSION/CELL PHONE _____

ADDRESS/CPO _____ CITY _____ ZIP _____

EMAIL _____

CATEGORY: Check one of the following:

Employee _____ Department _____

Student _____ Graduation Date _____

SPOUSE/Second Person _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

NAME _____ AGE _____ Birthdate _____ Relationship _____

* If family, please list spouse and/or dependents

** All qualifying family members must be legal dependents for IRS tax purposes

*** 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, 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 _____ RELATIONSHIP _____

ADDRESS/CPO _____ CITY _____ ZIP _____

PHONE _____