

STANFORD CAMPUS RECREATION ASSOCIATION

875 Bowdoin St. Stanford, CA 94305
Phone:(650) 736-SCRA (7272) FAX: (650) 723-0844 Email: SCRA@Stanford.edu

EXTENDED FAMILY APPLICATION FOR MEMBERSHIP

SCRA offers memberships to the adult children (25 and over) or parents of SCRA members and their families. These memberships entitle adult children or parents of child along with their spouses and children to use the SCRA facilities. **Date of Application** _____

The **Extended Family Membership cost is \$1,500 annually** and those joining mid-year **must pay balance of the year upon acceptance**. If you wish to join, please return the completed form with **check made out to STANFORD SCRA** to the SCRA office. Once we receive your application you will be contacted to finalize the membership arrangements. For further information, please contact SCRA General Manager Steve Robe at 650-736-SCRA (7272) by email of Steve.Robe@Stanford.edu

NAME: (Please Print Full Legal Name): _____ **Email:** _____

Spouse/Partner's NAME: _____ **Email:** _____

Address: (Street, City, State, and Zip): _____

Home Phone: _____ **Office/Cell Phone:** _____

Occupation: _____ **Job Title:** _____

Children's Name(s) & D.O.B:

1. _____ 2. _____

3. _____ 4. _____

EXTENDED FAMILY MEMBERSHIP: I agree to pay annual dues rate on time without lapse of payment otherwise, membership maybe dropped without notice and future applications denied. Our family agrees to abide by all SCRA rules and understand that failure to do so may result in termination of membership. Upon acceptance of application for membership, the signees agree to abide by all club rules and University policies. Member is responsible for everyone under their membership along with guest(s) they bring into the club. The membership is non-transferable.

Eligible Applicant's Signature: _____ **Date** _____

which you are a child or parent of **primary member of SCRA** listed below and will be under the **EXTENDED FAMILY MEMBERSHIP** at the Stanford Campus Recreation Association (SCRA). **Note: This membership is only valid if primary member stays an active paying member in good standing.**

PLEASE PRINT PRIMARY'S NAME _____ **University ID#** _____

SIGNATURE of PRIMARY SCRA MEMBER: _____

OFFICE SECTION

Eligibility Verified: _____ Database entry: _____ Front Gate Access ID#: _____
Payment received: _____ On-Line Pay setup: _____ Introduction meeting: _____