

STANFORD CAMPUS RECREATION ASSOCIATION

875 Bowdoin St. Stanford, CA 94305

Phone:(650) 736-SCRA (7272) FAX: (650) 723-0844 Email: SCRA@Stanford.edu

Resident Fellows - APPLICATION FOR MEMBERSHIP

Date of Application _____

NAME: (Print Full Name): _____ **ID Number:** _____

Applicants Stanford Email: _____ **Other Email** _____

Spouse/Partner's NAME: _____ **ID Number:** _____

Spouse/Partner's Email(s): _____

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

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

Dept/Office: _____ **Job Title:** _____

House/Hall Name: _____

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

1. _____ 2. _____

3. _____ 4. _____

RESIDENT FELLOWS MEMBERSHIP: (\$2,000 initiation fee waived and membership privilege is annual.) You just pay the monthly **Dues of \$125** each month payable year round. Dues are paid by payroll deduction. This is a special membership and is year by year. If status changes for any reason, it is the responsibility of member to report it to management.

Upon acceptance of application for membership, the above signee agrees to abide by all club rules and policies. Member is responsible for everyone under their membership along with guest(s) they bring into the club. The membership is non-transferable.

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Stanford University to deduct SCRA dues from my salary to pay Stanford Campus Recreation Association. The deduction will commence the month of joining the club. Member is responsible for payments without lapse to maintain membership.

Eligible Applicant's Signature: _____

-----OFFICE SECTION-----

Eligibility Confirmed: _____ Payroll Setup: _____ Front Gate Access Setup: _____ Database entry: _____