Kermit M. Rudolf Fitness Center
Renewing Membership Application

Date: ____________

Please print the following information and return it to the Kermit M. Rudolf Fitness Center. If you have any questions, please call (509) 323-4200.

Title: (circle one) Dr. Mr. Mrs. Ms.

Renewing Member: ________________________ Last First MI ID Number

Spouse/Dependent of: ________________________

Spouse ID Number: ____________ Employee / Student (circle one)

Law, Grad or Undergrad (circle one)

Email Address: ____________________________

Home Phone:_________________ Work Phone:__________________

Membership Type: (There is a No Refund Policy for all memberships)

☐ Fall or Spring Spouse for Law, Grad or Faculty/Staff $150/semester $75(8th week)

☐ Fall or Spring Family for Law, Grad or Faculty/Staff $200/semester $100(8th week)

☐ Summer Spouse Law, Grad or Faculty/Staff $30/semester

☐ Summer Family Law, Grad or Faculty/Staff $40/semester

In case of emergency contact: _______________________ Phone: _____________

Witness: Date:

Modified 4-11-2007

For RFC Professional Only

| Witness: | Date: |