EAST GEORGIA STATE COLLEGE
FITNESS CENTER ELIGIBILITY VERIFICATION

Approved by President's Cabinet 4/26/16
(Please take this completed form to the Business Office located in the Student Center)
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Fitness Center Patrons
Name: _____
Mailing Address: _____
City, State, Zip: _____
Home Phone: (___)_____ Alternate Phone: (___)_____
Monthly Charge: $35.00 Fitness Center Special: _____

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EMPLOYEES Name: _____ Department: _____SSN:_____
EMP ID: 9300_____ Status: Full time ___Part Time __ If PT Faculty for Semester_____

I attest that the information listed above is correct. I understand that membership eligibility is based upon my active employment status as noted above with East Georgia State College and is non-transferable. Each person must present a valid EGSC ID to be admitted to the Fitness Facilities located in the Physical Education Building.

Complete below for **FULL TIME** employees only

Spouse			
Dependents: (Must be 16 to 21 years of age, residing in the household)	**1.**	**DOB**	**SSN**
	2.	**DOB**	**SSN**
	3.	**DOB**	**SSN**
	4.	**DOB**	**SSN**
	5.	**DOB**	**SSN**

I attest that the information listed above is correct and all persons listed are 16 years of age or older. I understand that membership eligibility is based upon my active employment status as noted above with East Georgia State College and is non-transferable. Each person must present a valid EGSC ID to be admitted to the fitness center.

_____ _____
Employee's Signature Date Human Resources Date
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RETIREES: Name_____ SSN: _____
Spouse Name _____ SSN: _____

I understand that membership eligibility is based upon my retiree status with East Georgia State College and is non-transferable.

_____ _____
Retiree's Signature Date Human Resources Date
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FOUNDATION DONORS: Name: _____ SSN: _____

Name of Business: _____ Date of Donation: _____ Expires: _____

I understand that membership eligibility is based on status as a donor and is non-transferable.

_____ _____
Donor's Signature Date Institutional Advancement Date
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ALUMNI: Name: _____ SSN: _____

Date of Graduation: _____ Membership Expires: _____

I understand that my membership eligibility is for one year after the date of my graduation and is non-transferrable.

_____ _____

Alumnus Signature Date Institutional Advancement/Alumni Affairs Date

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PATRONS: Name: _____ SSN: _____

Amount Paid: _____ for period_____ to _____ Visitor Parking Pass Issued: _____

I understand that membership is non-transferable and the eligibility period expires upon the last day of the month of payment.

I have read and understand *Usage of Fitness Facilities in Physical Education Building* and the *Rules for Fitness Facilities* including the provisions concerning consent to search of my bags, back pack, book bags and other personal belongings when using the EGSC Fitness Facilities. I agree to adhere to these policies and procedures. _____ (Initial)

_____ _____

Patron's Signature Date Business Affairs Date

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USAGE OF FITNESS FACILITIES IN THE PHYSICAL EDUCATION BUILDING POLICY IS ATTACHED. PLEASE READ AND UNDERSTAND TEGHE POLICY PRIOR TO SIGNING YOUR NAME. QUESTIONS SHOULD BE DIRECTED TO THE DIRECTOR OF THE PHYSICAL EDUCATION COMPLEX OR THE VICE PRESIDENT FOR STUDENT AFFAIRS.