



OFFICE ONLY

PU#: _____

118 College Drive #5155 Hattiesburg, MS 39406
601.266.5405 • Fax: 601.266.5677 • www.usm.edu/recsports

Membership Application Form

Primary Member Information

Last name _____ First name _____ Email address _____

Address _____ Daytime phone (____) _____

City _____ State _____ Zip _____ Evening phone (____) _____

Membership Category

- (Circle one: Faculty/Staff) I.D. number _____
- Student I.D. number _____
- Student sitting out for semester (Circle one: Fall/Summer/Spring) I.D. number _____
- ELI student
- Regular alumni year of graduation _____
- Recent alumni year of graduation _____
- Eagle/Honor Club (\$500 + Donors)
- Emeritus/Retiree
- Special membership _____

Membership Demographic Information *(optional)*

Gender (Circle one: Male/Female) Birth date _____ Ethnicity _____

In case of emergency

Emergency contact name _____

Emergency contact phone number (____) _____

Signature of applicant _____ Date _____