



OFFICE ONLY

SU#: _____

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

Membership Application Form Secondary User

Secondary Member Information

Spouse/Significant other Young adult (Age 16-21) Parent/sibling

Last name _____ First name _____ Email address _____

Address _____ Daytime phone (____) _____

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

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 _____