



OFFICE ONLY

PU#: _____

AA/EOE/ADA1 PR-447-08

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 _____ E-mail Address _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ Evening Phone _____

Membership Category

- (Circle one: **Faculty/Staff**) I.D. number _____
Aramark Employee
- Affiliate _____
- 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 _____

____ I verify I have reviewed the REC Cardholder Agreement

Signature of applicant _____ Date _____



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Membership Application Form

Secondary User

Secondary Member Information

Spouse/Significant Other Young Adult (Age 16-21) Parent/Sibling/Independent Adult

Last Name _____ First Name _____ E-mail Address _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ Evening Phone _____

Membership Demographic Information *(optional)*

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

Primary Member Information

Last Name _____ First Name _____ USM/Rec ID # _____

E-mail Address _____ Phone Number _____

Primary Member's Affiliation: Student Faculty/Staff Alumni Other

In case of emergency

Emergency Contact Name _____

Emergency Contact Phone Number _____

___ I verify I have reviewed the REC Cardholder Agreement

Signature of applicant _____ Date _____

