

**Adams State College
Student Recreation Center
Membership Application**



Circle Primary Membership: Student Faculty/Staff Community

Name: _____ Date of Birth: __ - __ - __

900 or DL#: _____

Address: _____

Email: _____

Work Phone: _____ Home Phone: _____

Spouse Membership

Name: _____ Date of Birth: __ - __ - __

Drivers License #: _____

Membership Month _____ Fall Spring

Issue Date: __ - __ - __ Expiration Date: __ - __ - __

Type	TSJC Faculty/Staff	Full Time Student	Part Time Student	Alumni
Primary	\$35/month	N/A	N/A	\$27.50/month
Spouse	\$35/month	\$25/month	\$35/month	\$165/6 month
Total Fees				

Payment Type

Cash

Check

Circle Month/Months membership is paid.

January February March April
 May June July August
 September October November December