



Turner 214
University, MS 38677
Phone: 662-915-5591
Fax: 662-915-5593

Turner Center Membership Form

___ F/S Individual ___ F/S Family ___ Community Individual ___ Community Family
___ Student Family ___ Retiree (Date ___) ___ Recent Graduate (Date ___)

Primary Enrollee:

Name (Last) _____ (First) _____ (MI) _____

SAP/Turner ID No. _____ Department _____

Mailing Address _____ City _____ State ___ Zip _____

Email _____ Primary Telephone _____

Office Telephone _____

Emergency Contact _____ Telephone _____

Spouse's Name _____ SAP/Turner ID No: _____

Dependents (*Under the age of 23*):

Name _____ B'date _____ Turner ID No. _____

Name _____ B'date _____ Turner ID No. _____

Name _____ B'date _____ Turner ID No. _____

Name _____ B'date _____ Turner ID No. _____

Signature _____ Date _____

SEE REVERSE SIDE

Office Use Only: Amount Paid _____ Date Paid _____

Payroll Deduction _____ Locker Service: (Male) _____ (Female) _____

Expiration Date: _____ CRS Staff Name: _____

Department of Campus Recreation
Terms of Agreement Form

The following must be properly signed by the Primary Enrollee before the membership will be approved by the Department of Campus Recreation. All information included in this application is true and complete. I have read the Department of Campus Recreation Membership Enrollment packet including the **Assumption of Risk** and **Participant Conduct Statement** as provided by the Department of Campus Recreation.

If I have purchased a family membership plan I will be responsible for each member knowing and understanding the information in the Membership Enrollment packet. If I have dependents between the ages of 16 and 19 (check one) I do ___/I do not ___ grant the dependents permission to use the Fitness Center.

If I have purchased a community membership I understand I must purchase a Turner Center parking decal from University Police Department. I understand that I will be responsible for any parking fines issued for parking improperly while at the Turner Center.

If I am an employee of the University of Mississippi, I understand in the event my employment is terminated for any reason, my Turner Center membership will become null and void upon my termination date.

Primary Enrollee Date CRS Staff

Payroll Deduction: UM Employees only

Please print: (Full name) _____ SAP No. _____

I elect to pay my Turner Center membership dues purchased through the Department of Campus Recreation through the Payroll Deduction Plan. I understand the cost of my membership is \$_____. I authorize the University to make deductions from my paycheck during the period allowed under this plan (8 payments). I also understand that once I sign for this plan, future changes to my membership plan cannot be handled through payroll deduction.

Signature Date