



Youngstown State University
Department of Campus Recreation and Intramural Sports
Faculty/Staff Membership Application

FULL-TIME EMPLOYMENT STATUS REQUIRED

Please Print Legibly

Date of Application: ___/___/___

Member Information

Last name: _____ First _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

DOB _____ Gender: Male Female

E-mail address: _____ Patron ID: _____

*** Valid YSU Faculty/ Staff ID is required to process membership application.**

*** All information is needed to process membership application.**

Membership Classification

Faculty Staff

Campus Department: _____

Campus Phone Extension: _____

All memberships expire June 30th.

Membership Agreement

I understand that this membership is valid for my use only and may not be used by friends and family. Misuse will result in the termination of membership privileges. Memberships are non-refundable and non-transferable. A current YSU faculty/ staff ID card must be shown for facility access. All members must abide by the Department of Campus Recreation and Intramural Sports policies and procedures. I agree to the terms of membership.

Assumption of Risk

I assume all inherent risk associated to activities found in the Andrews Student Recreation and Wellness Center.

Applicant Signature: _____ Date: _____

Office Use Only

Payment Verification: Check Cash Charge Card Debit

Receipt Number: _____

Start Date: _____ End Date: June 30, _____

Staff Name: (Please print) _____