Campus Recreation Membership

Name: ________________________________ Date: ________________________________
Telephone Number: ________________________________ Email: ________________________________
Spouse/Partner ______ Dependent ______ Age at time of purchase (dependent pass only): _______

* Most communication from the Campus Recreation Department is in the form of email. We will email notices to members regarding renewal deadlines and other pertinent information regarding the individual’s access and benefits.

UNC Asheville Sponsor Name: ________________________________

Sponsor OneCard number: ________________________________ Sponsor email address: ________________________________

* UNC Asheville Sponsor information must be filled out completely so we can verify that you are a spouse/partner or dependent of an active UNC Asheville student, faculty or staff member. The sponsor is also responsible for your membership and will be made aware that you applied for a membership under their OneCard number. Failure to provide this information will deny membership access.

As a spouse/partner or dependent of the above named UNC Asheville sponsor, the following applies:
• $50 pass must be purchased directly from the Campus Recreation Customer Service Desk located in the Student Recreation Center
• Membership is 12 months from the date of purchase
• Renewal is not automatic at the expiration of your membership
• Upon payment, member must go to the OneCard office with receipt to get a OneCard
• Full access to facilities with a valid OneCard as well as check out equipment and rent a locker
• Renewal notices will go out to one month prior to expiration date to remind individuals that it is time to renew
• Not eligible to purchase guest passes or day passes
• Must bring OneCard at all times.

____ I have read these stipulations and understand the details of my membership to Campus Recreation. Additionally, I understand there is inherent risk to participating in physical activity and hold harmless Campus Recreation Staff, the University of North Carolina Asheville, and all its charges, providers, delegates, and service representatives.

_________________________________ Date

Signature of Spouse/Dependent

_________________________________ Date

Signature of UNC Asheville Sponsor

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Campus Recreation Staff Only

Staff Name: ________________________________ Date: ________________________________
Amount Received: ________________________________ Type of payment: ____Cash ____Check
Receipt Number: ________________________________

(Carbon copy of receipt stays in the book and form goes under the money box for Rosie’s retrieval at the end of the day.)

Patron was given the receipt and directed to take the receipt to the OneCard office to receive their OneCard Membership. ____ yes  ____ no