

Membership Application

Primary Membership Information

Name: _____
 Address: _____
 City/State/Zip: _____
 Email Address: _____
 Emergency Contact Name: _____
 Emergency Contact Phone: _____

Today's Date: _____
 DOB: _____
 Gender: M F Other
 Home/Cell Phone: _____
 Business Phone: _____

How did you hear about us? _____

Payroll Deduction

Employee ID Number: _____

- UC Employee UC Health Children's Hospital (CCHMC)

Supplemental Membership Information

Spouse/Domestic Partner: _____
 Email Address: _____
 Home/Cell Phone: _____
 Legal Dependent: _____
 Legal Dependent: _____
 Legal Dependent: _____
 Legal Dependent: _____

DOB: _____
 Gender: M F Other
 Business Phone: _____
 DOB: _____
 Gender: M F Other
 DOB: _____
 Gender: M F Other
 DOB: _____
 Gender: M F Other
 DOB: _____
 Gender: M F Other

Office Use Only

Membership Type

- UC Employee (not eligible for parking)
 UC Alumni
 Affiliate
 Recent Alumni
 Cincinnati
 Non-UC Student

Membership Length

- Annual
 9 month
 Semester
 3 months
 Other: _____

Add-Ons

- Spouse/Domestic Partner
 Legal Dependent(s)
 Parking
 Locker
 Towel

Payment Terms

- Monthly Deductions \$ _____ Renewal Date _____
Total Amount Drafted Monthly (if not paid in full)
 Paid in Full \$ _____ Expiration Date _____
Total Amount Collected at Time of Sign-Up

Payment Information

- Credit Card
 Payroll Deduction

Member Services Representative: _____ Date: _____