



Lois Rhome West Health, Physical Education and Wellness Center

## Faculty/Staff Membership Form

*Please send completed form to Laura Davis at [davislh@winthrop.edu](mailto:davislh@winthrop.edu)*

### Membership Selection:

(Please check all that apply)

Faculty/Staff	<input type="checkbox"/>
Spouse/Partner of F/S	<input type="checkbox"/>
Children of Faculty/Staff	<input type="checkbox"/>

### Length of membership:

Monthly	<input type="checkbox"/>
---------	--------------------------

### **(Please Print)**

Faculty/Staff Name: \_\_\_\_\_ CWID: W \_\_\_\_\_

Faculty/Staff email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ (if applicable)

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Name/s: \_\_\_\_\_ (if applicable)

Child's DOB (must be under 24): \_\_\_\_\_ (if applicable)

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

This authorization is to remain in full force and effect as stated herein or until the University has received written notification from the undersigned of its termination in such time and in such manner as to afford the University reasonable opportunity to act on it. Please contact Laura Davis regarding notification on termination of membership.

[davislh@winthrop.edu](mailto:davislh@winthrop.edu) / 803-323-2390 / 211 West Center)

Faculty/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_