Revised: 9/2020

WINTHROP UNIVERSITY | *Recreational Services*

Lois Rhame West Health, Physical Education and Wellness Center

Student Family Membership Form

Please send completed form to Laura Davis at davislh@winthrop.edu

Membership Selection:
(Please check all that apply)

Spouse /Partner	☐
Children of Student	☐
Parent of Student	☐

Length of membership:

Monthly	☐

(Please Print)

Student Name: _____ CWID: W_____

Student 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 #: _____

Parent Name(s): _____ (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 / 803-323-2390 / 211 West Center)

Student Signature: _____ Date: _____