



Lois Rhame West Health, Physical Education and Wellness Center

Retiree Membership Form

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

Membership Selection:

(Please check all that apply)

Faculty/Staff Retiree	<input type="checkbox"/>
Spouse/Partner of Retiree	<input type="checkbox"/>

Length of membership:

Monthly	<input type="checkbox"/>
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(Please Print)

Retiree Name: _____ CWID: W_____

Retiree email: _____ Phone #: _____

Mailing Address: _____

Spouse/Partner Name: _____ (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)

Retiree Signature: _____ Date: _____