

MEMBER INFORMATION

Name: _____ Stud/Empl/Memb ID #: _____

Address: _____

Phone: _____ Email: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____

SPONSORSHIP AUTHORIZATION

****This portion must be completed by the sponsoring member for sponsored memberships.**

I, **the undersigned**, authorize the above named individual as my sponsored member. I am aware of the risks and liabilities involved when sponsoring a non-NDSU person under my account. I understand that any damage, or liability will be covered by me if the sponsored member cannot be reached. I voluntarily elect to sponsor the above person for a full membership with the NDSU Wellness Center.

Sponsor Name (print): _____

Sponsor's Membership Type: Student Faculty/Staff Affiliate/Alumni

Sponsor Signature: _____ Date: _____

MEMBERSHIP POLICIES

Use of the NDSU Wellness Center is a privilege. Individuals not cooperating or adhering to the Wellness Center code of conduct may be asked to leave or have their privileges revoked. Staff appreciate your cooperation in contributing to a welcoming, inclusive, friendly and positive environment. Members and participants are expected to treat staff, other members and facility with respect, act in a safe and responsible manner, refrain from vulgar language, and adhere to all policies and procedures that can be found at <https://wellnessportal.ndsu.edu/Home/Terms>.

Cancellation/Refund Policy:

Payroll deduction memberships may be canceled after three months (three months is the contracted minimum) by submitting a Payroll Deduction Cancellation Form to the Customer Service Desk. All other, prepaid memberships may be cancelled for health reasons (doctor's verification required), or if the member's NDSU employment terminates. Program refunds are refundable up to seven days prior to the first session date. To inquire about a refund, submit a request to the Assistant Director. All forms can be found at www.ndsu.edu/wellness.

I have read and understand the "Release of Liability" form as well as the NDSU Wellness Center guidelines. My signature below indicates my compliance with all policies of North Dakota State University and the Wellness Center.

Signature: _____ Date: _____

OFFICE USE ONLY

Sales Person: _____ Order Number: _____

Membership Start Date: _____ Membership Duration: _____ Date Completed: _____

Amount Due: _____ Payment Type: Check#: _____ Cash: _____ Campus Cash: _____ Credit Card: _____

Membership Type: Student Faculty/Staff Sponsored

Alumni (Grad Year _____) Affiliate (Organization Name) _____