Membership Extension Request

Extension Policy

- Extension requests must be related to the Wellness Center closure, March 18th through when the Wellness Center is able to reopen.
- The number of days the Wellness Center is closed will be added to the end of your current membership.
- This form must be completed and returned within ten days after the Wellness Center reopens.
- Please return completed forms to either ndsu.wc.membcomm@ndsu.edu or the Wellness Center Customer Service Desk between 7:30 am and 4:00 pm Monday through Friday during the closure.

Membership Extension Request Information

Last Name: __________________________ First Name: __________________________ ID#: ___________ Date: ___________

E-mail: ___________________________ Phone: ___________________________

Membership Type to be extended: Faculty ☐ Staff ☐ Sponsored ☐ Affiliate ☐

Signature: _____________________________________________

| Internal Use Only |
| Membership Information |
| Dates of Original Membership: ___________________________ Dates of New Membership: ___________________________ |
| Received By (Staff Initials): _______ Date: ___________________________ |

3/17/2020