Pohl Recreation Center BNW Receipt #_____ Membership information **SPRING 2009** Date_____ (7.07)Please check: _____Faculty ____Staff ___Student ___Continuing Student ___Alumni* _____Faculty/Staff Spouse_____Retired Faculty/Staff _____Retired Faculty/Staff spouse _____ Dependent _____ Student Spouse *Alumni members must present a current NT Exes membership card Last Name: First Name: Address: _____State____ City: Zip code: Home Phone: Work Phone Employee ID #: E-mail: If you **do not** wish to be contacted by e-mail please check here. Gender: ____ male ____ female Date of Birth: Department: **Emergency Contact** Name Phone # ****************** ***** For Office use only For faculty/staff spouse, retiree spouse, student spouse, or dependent memberships, we need to be able to link them together. Please list the names of the primary cardholder, secondary cardholder and dependent cardholders. Primary (faculty/staff/retiree/student): Employee ID# for Primary: _____ Secondary (spouse): Dependent: _____

Dependent: