



Health Enhancement Center Strength Fitness Center Membership Agreement

Please Print:

Name: _____ ID Number (required): _____

Local Address: _____ Phone Number: _____

City: _____ State: _____ ZIP: _____

Type of Member:

- UWSP Student/Faculty/Staff – **MUST SIGN UP ON LINE**
- UWSP Faculty/Staff Spouse or Domestic Partner
- UWSP Retired Faculty/Staff
- UWSP Alumni (Maiden name: _____)
- UWSP/MSTC Student Spouse or Domestic Partner (Student name: _____)
- MSTC Student
- UW System Student (summer only) **\$55**
- UWSP ESL Student
- Community member

ID REQUIRED

If you are signing up for a membership or a 10-use pass and do not have an ID card, take the yellow and pink copies of this Membership Agreement to the Point Card Office **before your next workout**. They will issue you a License to Sweat card and add your membership. An ID is required each time you work out.

Membership Type:

- Strength Center Combo – (Strength Fitness & Cardio Centers)

MSTC/ESL Students

- 10-Punch Pass - \$35
- Winter break - \$40
- Semester - \$85 or \$145 (combo)
- Summer - \$55 or \$95 (combo)
- Calendar year - \$135 or \$230 (combo)
- Academic year - \$115 or \$195 (combo)
- 1st Semester partial year (11/1-5/31) - \$110 or \$185 (combo)
- 2nd Semester partial year (3/1 - 5/31) - \$50 or \$85 (combo)

Faculty & Staff

- 10-Punch Pass - \$35
- Semester - \$125 or \$215 (combo)
- Summer - \$80 or \$135 (combo)
- Calendar year - \$185 or \$315 (combo)
- Academic year - \$160 or \$270 (combo)
- 1st Semester partial year (11/1-5/31) - \$155 or \$265 (combo)
- 2nd Semester partial year (3/1 - 5/31) - \$60 or \$135 (combo)

Alumni / Retired Faculty & Staff

- 10-Punch Pass - \$35
- Semester (9/1-1/14 or 1/15-5/31) - \$150
- Summer (June 1-Aug. 31) - \$85
- Calendar year (ex: June 1-May 31) – \$250
- Academic year (Sept. 1-May 31) - \$200
- 1st Semester partial year (11/1-5/31) - \$165

Community

- 10-Punch Pass - \$35
- Semester (9/1-1/14 or 1/15-5/31) - \$175
- Summer (June 1-Aug. 31) - \$100
- Calendar year (ex: June 1-May 31) – \$300
- Academic year (Sept. 1-May 31) - \$250
- 1 Month - \$40

** Membership rates effective through May 31, 2009 **

Membership includes use of Aquatic Center and MAC

Length of Membership:

Start date ____/____/____ End date ____/____/____

Cost of Membership(s):

\$_____

I acknowledge that I have read both sides of this document and understand and accept its terms. I understand that as a member, I am required to follow rules and regulations of the UWSP Health Enhancement Center.

Member Signature: _____ Date: _____

FOR DESK USE ONLY

Cash Check (# _____) Copies: **White** – Strength Center **Pink & Yellow** - Member

Point Card Office: Membership added, date: ____/____/____ Point Card Staff: _____

Employee Signature: _____ Date: _____