

## RAC Membership Application

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ F / M

Social Security #(last 4 digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Immediate Family Member Affiliation** \_\_\_\_\_

Please include the name of the immediate family member you are affiliated with when applying as a student, faculty/staff or alumni family member.

The rules and regulations governing the program have been devised to provide equal opportunity and to protect the right and safety of each participant. Disruptive behavior may result in loss of membership. Please be aware that participation in physical activities involves a higher degree of risk than normal activities. Consult your physician if in doubt. The University cannot assume responsibility for the loss of personal property or injury to participants.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Annual Membership Fees

<b>Community Memberships</b>	<b>_____ \$325</b>
Each Additional Family Member Over Age 15	_____ \$225
Each Additional Family Member Age 3-15	_____ \$100
<b>UMBC Alumni</b>	<b>_____ \$250</b>
Each Additional Alumni Family Member Over Age 15	_____ \$275
Each Additional Alumni Family Member Age 3-15	_____ \$100
<b>UMBC Faculty/Staff and Employees</b>	<b>Free with valid ID</b>
Each Additional Faculty/Staff Family Member Over Age 15	_____ \$275
Each Additional Student Family Member Age 3-15	_____ \$100
<b>Full-Time/Part-Time UMBC/UMB Student</b>	<b>Free with valid ID</b>
Each Additional Family Member Over Age 15	_____ \$275
Each Additional Family Member Age 3-15	_____ \$100
<b>Retriever Aquatics Swimmer Under Age 16</b>	<b>_____ \$100</b>
<b>Retriever Aquatics Parent</b>	<b>_____ \$150</b>
<b>Other:</b> _____	<b>\$ _____</b>

\*Eligible Family Members Include Immediate Family Members Only\*

***NO REFUNDS* will be given. There is a \$30 fee for returned checks.**

**Payment by cash or check only. Please make checks payable to UMBC**

**1000 Hilltop Circle  
Baltimore, MD 21250**

**Attn: Mike D'Archangelo, RAC 321B**

**Amount Due \$ \_\_\_\_\_**

**For Office Use Only:**

Membership Card # \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_ Date Picture Taken \_\_\_\_\_

Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ Cashier Initial \_\_\_\_\_

Date Application Received \_\_\_\_\_ Date entered into Patrons \_\_\_\_\_ Date Entered into Excel \_\_\_\_\_

UMBC ID Number: \_\_\_\_\_