Recurring Members Renewal Form
and Membership Agreement

Facility Access
- Participants must have a valid CSUB student I.D. card, validated faculty/staff I.D. card, or SRC membership card/barcode to use SRC facilities.
- Any attempt to gain, or provide, unauthorized entry into SRC facilities may result in suspension of privileges and referral to University Police.
- All planned or structured group events must be requested and approved in advance through the facility reservation and rental process.
- SRC staff reserves the right to spot check photo identification.
- Members must abide by all facility policies, participant guidelines, and staff requests.
- Memberships are non-refundable and non-transferable.
- The CSUB SRC hours of operation are based on the CSUB academic calendar. Membership fees will not be pro-rated or refunded for CSUB mandated closures or reduced hours and scheduled closures between semesters.

COVID-19 Vaccination Verification (subject to change)
- Sponsored Members will be required to provide proof of current vaccination for review, prior to purchase.
- Vaccination status updates will be required at each purchase or renewal.
- Negative tests will not be accepted for memberships or day pass sales.

Prior to Entry
- Participants must complete the online COVID-19 Screening Evaluation and provide a “Clear to Proceed” validation for each day.
- Participants must follow any and all updated member policies.

Benefits
- Membership includes use of the Student Recreation Center facilities and participation in group exercise classes, use of day lockers, towel service, and sports equipment check out.
- Current SRC members may purchase one additional Sponsored Membership.
- SRC Students, faculty, staff, retired/emeriti faculty and staff, alumni members, IELC students, and affiliate members are eligible to sponsor two daily guests 18 years or older per day for a cost.

Payment Options
- SRC Lobby – forms can be found at www.csub.edu/reccenter or at the SRC Front Desk.
- SRC memberships may be purchased in person or online for faculty/staff at http://recenter.csub.edu.

I have read, understand, and agree to the SRC Membership Agreement, and Policies and Guidelines as approved by the SRC Advisory Committee and CSUB President.

☐Student  ☐Faculty  ☐Staff  ☐IELC  ☐Extend. Univ.

<table>
<thead>
<tr>
<th>Membership Options</th>
<th>Early Bird M-F 6am-9am</th>
<th>Lunch Pass M-F 11am-2pm</th>
<th>Happy Hour M-F 4pm-7pm</th>
<th>All Access</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Student</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
<td>$200</td>
<td>$50</td>
</tr>
<tr>
<td>Faculty, Staff, IELC, Open/Ext. U.</td>
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<td>$105</td>
<td>$105</td>
<td>$210</td>
<td>$55</td>
</tr>
</tbody>
</table>

If any of the below information has changed since your last renewal, please fill the following out:

Personal Information
Phone # or Campus Ext: __________________________
Email: __________________________
Address: __________________________

Emergency Contact
Name: __________________________
Relationship: __________________________
Phone #: __________________________

If this information has not changed, please initial here __________________________

Print Name __________________________
Signature __________________________
Date __________________________

ID Number __________________________

If any of the below information has changed since your last renewal, please fill the following out:

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Emergency Contact
Name: __________________________
Relationship: __________________________
Phone #: __________________________

If this information has not changed, please initial here __________________________

Print Name __________________________
Signature __________________________
Date __________________________

ID Number __________________________
Staff Use Only

Date Form Received: ________________
Membership Agreement Signed: □
Emergency Contact Complete (if changed): ID □
Checked (18 years or older): □
Payment:  Cash - Check - Credit/Debit Paid: $ ________
Updated in Membership Software: □
Expiration Date: ________________  Staff Initials: ________________

Tape Receipt Below