



# Greensboro College Royce Reynolds Family Student Life Center

## ALUMNI MEMBERSHIP

### Greensboro College Fitness Membership Application

#### MEMBER INFORMATION

Name:		
Home Address:		
City:	State:	Zip:
Phone:	Email:	
Age:	Gender:	YOG:
Emergency Contact:		Phone:

Amount Enclosed

\$115 Individual Membership

\$165 Family Membership (2 individuals) \$50 for any additional family members

Check # \_\_\_\_\_

Please make checks payable to **Greensboro College**

Return application to:

Emily Johnson  
815 W. Market St.  
Greensboro, NC 27401

**SECONDARY MEMBER INFORMATION**

Name:		
Home Address:		
City:	State:	Zip:
Phone:	Email:	
Age:	Gender:	YOG:
Emergency Contact:		Phone:
Relationship to Member:		

**SECONDARY MEMBER INFORMATION**

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Home Address:		
City:	State:	Zip:
Phone:	Email:	
Age:	Gender:	YOG:
Emergency Contact:		Phone:
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