

# UVA IM-REC SPORTS MEMBERSHIP APPLICATION

Date \_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

**Print Name** \_\_\_\_\_  
Last First MI

Employee # \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Local Address \_\_\_\_\_  
No. Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Messenger Mail Address \_\_\_\_\_  
Department Box #

If membership eligibility is through an immediate family member or Plus 1, provide his/her name and employee number below.

\_\_\_\_\_  
Last First MI Employee #

**Youth Membership:** List names and birth dates of children under 18, if purchasing a youth membership pass.

\_\_\_\_\_  
Last First Date of Birth  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_