



Lois Rhome West Health, Physical Education and Wellness Center

Alumni Application

Please send completed form to Laura Davis at davislh@winthrop.edu

Membership Selection:

(Please check all that apply)

Alumni	<input type="checkbox"/>
Spouse/Partner of Alumni	<input type="checkbox"/>
Children of Alumni	<input type="checkbox"/>

Length of membership:

Monthly	<input type="checkbox"/>
---------	--------------------------

(Please Print)

Alumni Name: _____ Maiden Name: _____

Date of Birth: _____ Class Year: _____ CWID: W _____

Interested in Participating in Intramurals: () Yes () No

Alumni Email: _____ Phone #: _____

Mailing Address: _____

Spouse/Partner Name: _____ (if applicable)

Email: _____ Phone #: _____

Child's Name/s: _____ (if applicable)

Child's DOB (must be under 24): _____ (if applicable)

Email: _____ Phone#: _____

Emergency Contact Name, Relation, Phone #: _____

This authorization is to remain in full force and effect as stated herein or until the University has received written notification from the undersigned of its termination in such time and in such manner as to afford the University reasonable opportunity to act on it. Please contact Laura Davis regarding notification on termination of membership.

(davislh@winthrop.edu / 803-323-2390 / 211 West Center)

Alumni Signature: _____ Date: _____