SRC Add Member Form

Date/Time: 10/23/2019, 5:30:39 PM

Name*

First | Last

Date of Birth*

DoB

Student ID (if applicable)

ID

Gender*

○ Male   ○ Female

Home Address*

Street address

City | State

Zip

Email*

Phone*

Been to the SRC before?*

○ Yes   ○ No

Membership Type*

○ Alumni/Campus Affiliate   ○ Faculty/Staff

Paid?*

○ Yes   ○ No

Payment Method:

Select Payment Method	▼

Length of Membership:*

Select Membership Length	▼

Add Member

○ Alumni/Campus Affiliate   ○ Faculty/Staff

Paid?*

○ Yes   ○ No