



University of South Dakota
Department of Health Services

Member Application Member Information

Please print legibly

Name: Primary Phone: Are you employed by USD?
Yes No
Physical Address: City: State: Zip: h p

Please send me the monthly newsletter: Yes No

Please contact me regarding setting up a new member orientation. Yes No

*New members only. Includes equipment orientation!

Please list ALL individuals in your family, regardless of membership type, to ensure we have waivers on file for everyone.

Primary Member Listed Above	Family 1	Family 2	Family 3	Family 4
	Relationship:	Relationship:	Relationship:	Relationship:
Birthdate:	Birthdate:	Birthdate:	Birthdate:	Birthdate:
ID #:	ID #:	ID #:	ID #:	ID #:

Only list ID # if affiliated with USD and already have an ID card.

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*Parking not included. Visit USD Business Office to purchase pass.

FOR OFFICE USE ONLY

Payment type: EFT (Voided check required) Cash Check CC
Routing # Account #
Payroll Deduct (USD Benefit Eligible only)

Payment & Cancellation Policy

I agree to the selected payment plan as a member of the USD Wellness Center. I authorize the USD Wellness Center to make payment for monthly membership dues from the account listed. I understand that I control the payments. I accept the following resignation policy:

- **Monthly Memberships** - If at any time I wish to discontinue my membership, I will provide written notice by the last day of the month in which I want to resign or change membership type or status. If I miss the deadline, I accept responsibility for membership dues for extra months. NSF charges will apply to returned EFT payments.
- **Annual Memberships** - *There are no refunds of any kind.* Annual Automatic Deductions will automatically renew unless I notify the Wellness Center of the wis

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