

# RAC Membership Application

Last Name \_\_\_\_\_ First \_\_\_\_\_ Preferred Name \_\_\_\_\_ MI \_\_\_\_\_ F / M / O

Social Security # (last 4 digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Immediate Family Member Affiliation \_\_\_\_\_

\*Please include the name of the immediate family member you are affiliated with when applying as a student, faculty/staff or alumni family member.

\*\*The rules and regulations governing the program have been devised to provide equal opportunity and to protect the rights and safety of each participant. Disruptive behavior may result in loss of membership. Please be aware that participation in physical activities involves a higher degree of risk than normal activities. Consult your physician if in doubt. The University cannot assume responsibility for the loss of personal property or injury to participants.\*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Annual Membership Fees

Community Memberships	_____	\$325
UMBC Alumni	_____	\$250
Retriever Aquatics Swimmer Under Age 16	_____	\$100
Retriever Aquatics Parent/Maryland Masters	_____	\$150
Each Additional Family Member Over Age 15 (Includes Family of UMBC Students, Faculty, and Staff)	_____	\$225
Each Additional Family Member Age 3-15 (Includes Family of UMBC Students, Faculty, and Staff)	_____	\$100
Other: _____	_____	\$ _____

## Monthly Rates

1-Month Membership	_____	\$50
3-Month Membership	_____	\$120
6-Month Membership	_____	\$200
Amount Due	\$ _____	

**\*Eligible Family Members Include Immediate Family Members Only\***

**NO REFUNDS will be given. There is a \$30 fee for returned checks.**

Payment by cash or check only. Please make check payable to UMBC

1000 Hilltop Circle,  
Baltimore MD 21250  
Attn: Joella Lubaszewski, RAC 242

### **For Office Use Only:**

Date Application Received \_\_\_\_\_ Picture Number/Date Picture Taken \_\_\_\_\_  
Amount Received \_\_\_\_\_ Check # or Cash \_\_\_\_\_ Cashier Initial \_\_\_\_\_  
Membership Expiration Date \_\_\_\_\_ Date Entered Into Patrons \_\_\_\_\_ Date Entered Into Excel \_\_\_\_\_  
UMBC ID/Membership Number \_\_\_\_\_