

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 check only. Please make check payable to UMBC

1000 Hilltop Circle,
Baltimore MD 21250
Attn: Will Banks, RAC 244

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 _____