

St. Mary's College of Maryland Athletic and Recreation Center (ARC) Membership Application

Yearly Membership - From Date of Application

Please complete this form and return to: St. Mary's College of Maryland, Attn: Business Office, 18952 E. Fisher Road, St. Mary's City, MD 20686-3001. Make checks payable to: SMC. We do not accept credit cards. ARC Membership cards will be issued in the Business Office located in Glendening Hall, Monday - Friday, 8:00am-5:00pm.

Please select membership category	Yearly Member	Summer Only
Alumni Individual *	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Alumni Household	\$300.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>
Emeritus Faculty Individual *	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Emeritus Faculty Household *	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Staff Retiree Individual *	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Staff Retiree Household *	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
General Public Individual (18 or older)	\$400.00 <input type="checkbox"/>	\$200.00 <input type="checkbox"/>
General Public Household	\$700.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>
Senior Citizen Individual	\$200.00 <input type="checkbox"/>	

(General Public Household membership includes up to 4 family members. \$100 for each additional member over 4)

***PLEASE NOTE - there is a \$25 fee for the ARC Membership Card**

Applicant's Name: _____ **Male** ___ **Female** ___
Please Print

Address: _____ **Age if under 18** _____

City: _____ **State:** _____ **Zip Code** _____

Phone (day): _____ **Phone (evening):** _____

PARKING

The Business Office will issue ARC Members a temporary parking pass for use with the vehicle listed below. This pass is valid only when using the ARC and must be displayed on the rear-view mirror. Parking is limited to Lot Z (West Field).

Vehicle Tag # _____ **State:** _____ **Decal Issued** _____

ARC MEMBERSHIP

The ARC Membership is valid for 1 year from the date of application. ARC household members under the age of 18 must be accompanied by a parent or guardian at all times in the ARC and are restricted from using the fitness areas. ARC members (18 and older) will have full privileges and access to all facilities within the athletics and recreation complex including but not limited to: aquatics center, fitness areas, climbing wall, and recreational courts. ARC members must sign the attached waiver form. Memberships are non-refundable and do not convey. A \$25.00 fee is charged for replacement of lost or damaged ARC Membership cards.

By initialing and signing below, the individual(s) agree to the terms and conditions of the ARC Memberships outlined above

Initials _____ **Signature** _____ **Date** _____

Please note that the ARC may not be available at all times for public use. Please contact (240)-895-2136 for hours of operation.

Office Use:

Amt:	Date/Initials:	Proxy #	ID #
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Household Membership Application

(Household members include spouse, dependent children (living in the employee's household and who qualify to be claimed as a dependent exemption on the employee's federal and state income tax return).

Household Member's Name: _____ Male ___ Female ___
Please Print

Address: _____ Age if under 18 _____

City: _____ State: _____ Zip Code _____

Phone (day): _____ Phone (evening): _____

Please complete if parking permit is required for above member

Vehicle Tag # _____ State: _____ Decal Issued _____

Office Use: Proxy # _____ ID # _____

Household Member's Name: _____ Male ___ Female ___
Please Print

Address: _____ Age if under 18 _____

City: _____ State: _____ Zip Code _____

Phone (day): _____ Phone (evening): _____

Please complete if parking permit is required for above member

Vehicle Tag # _____ State: _____ Decal Issued _____

Office Use: Proxy # _____ ID # _____

Household Member's Name: _____ Male ___ Female ___
Please Print

Address: _____ Age if under 18 _____

City: _____ State: _____ Zip Code _____

Phone (day): _____ Phone (evening): _____

Please complete if parking permit is required for above member

Vehicle Tag # _____ State: _____ Decal Issued _____

Office Use: Proxy # _____ ID # _____

Household Member's Name: _____ Male ___ Female ___
Please Print

Address: _____ Age if under 18 _____

City: _____ State: _____ Zip Code _____

Phone (day): _____ Phone (evening): _____

Please complete if parking permit is required for above member

Vehicle Tag # _____ State: _____ Decal Issued _____

Office Use: Proxy # _____ ID # _____