

# **S**TANFORD **C**AMPUS **R**ECREATION **A**SSOCIATION

875 Bowdoin St. Stanford, CA 94305  
Phone:(650) 736-SCRA (7272) FAX: (650) 723-0844

## **EXTENDED FAMILY APPLICATION FOR MEMBERSHIP**

SCRA offers memberships to the adult children (25 and over) or parents of SCRA members and their families. These memberships entitle adult children or parents of child along with their spouses and children to use the SCRA facilities without accompanied by regular SCRA member and being signed in as guests. Adult children who are not part of the program may use SCRA as a guest without member accompaniment; however their spouses and children may not use the facilities without the eligible SCRA member accompanying them at all times while they use the facilities. The **Extended Family Membership cost \$120.00 per month** and those joining **must pay for the first six months in advance**. After that period payment is due quarterly or annually in advance (**\$360/mth or 1,440/year**). If you wish to join please return the completed form with minimum payment of \$720.00 made payable to SCRA, to the SCRA office. Once we receive your application you will be contacted to finalize the membership arrangements. For further information please contact SCRA General Manager Steve Robe at 650-736-SCRA (7272) by email of Steve.Robe@Stanford.edu

NAME: (Please Print Full Name): \_\_\_\_\_

Spouse/Partner's NAME: \_\_\_\_\_ Date of Application \_\_\_\_\_

Address: (Street, City, State, and Zip): \_\_\_\_\_

Applicants Primary Email: \_\_\_\_\_

Spouse/Partner's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office/Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Children's Name(s) & D.O.B:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**EXTENDED FAMILY MEMBERSHIP:** I agree to pay the **dues rate of \$120** per month payable year round on-time without lapse of payment otherwise membership can be dropped without notice and future applications denied. Dues will be paid quarterly or annually. **Upon joining the first six months are paid in advance in the amount of \$720.00** Our family agrees to abide by all SCRA rules and understand that failure to do so may result in termination of membership.

**Eligible Applicant's Signature:** \_\_\_\_\_

**SIGNATURE of PRIMARY SCRA MEMBER:** \_\_\_\_\_

which you are a child or parent of and will be listed under for the EXTENDED FAMILY MEMBERSHIP at the Stanford Campus Recreation Association (SCRA).

**PLEASE PRINT PRIMARY'S NAME** \_\_\_\_\_

-----OFFICE SECTION-----

Eligibility Verified: \_\_\_\_\_ Database entry: \_\_\_\_\_ Front Gate Access Setup: \_\_\_\_\_  
Payment received: \_\_\_\_\_ On-Line Pay setup: \_\_\_\_\_ Introduction meeting: \_\_\_\_\_