

STANFORD **C**AMPUS **R**ECREATION **A**SSOCIATION

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

Resident Fellows - APPLICATION FOR MEMBERSHIP

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: _____

Dept/Office: _____ Job Title: _____

House/Hall Name: _____

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

1. _____ 2. _____

3. _____ 4. _____

RESIDENT FELLOWS MEMBERSHIP: (\$2,000 initiation fee waived with no voting rights.) You just pay the monthly Dues of \$120 each month payable year round. Dues will be paid by payroll deduction. This is considered a special membership and by signing this form I confirm I am not eligible for full membership.

Eligible Applicant's Signature: _____

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Stanford University to deduct SCRA dues from my salary to pay Stanford Campus Recreation Association. The deduction will commence the month of joining the club. Member is responsible for payments without lapse to maintain membership.

My Stanford University ID Number is: _____

OFFICE SECTION

Eligibility Confirmed: _____ Payroll Setup: _____ Front Gate Access Setup: _____ Database entry: _____