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 Cirle, Baltimore MD 21250 Attn: Wyatt Schott, 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_____