

Gangelhoff Center Membership Application

Name _____ MI _____ Today's Date _____
 Address _____
 City _____ State _____ Zip Code _____
 Daytime Phone _____ Evening Phone _____
 Email address _____ Birthday _____
 Emergency Contact Name _____
 Phone _____ Relation _____

Memberships Available

**Membership Fees include use of the track, weight room, racquetball courts, basketball courts, and locker room services.

Fees **DO NOT include the climbing wall, volleyball courts, or tennis courts.

| | 6 Month | 9 Month | 12 Month |
|---------------------------------|------------|------------|-------------|
| William Mitchell Student | \$120.00 | \$180.00 | \$240.00 |

_____ Please check box if you have had a Concordia University ID in the past

Member Status: _____ Community Member – William Mitchell Student

Length of Membership: (please check one)

_____ 6 Month _____ 9 Month _____ 12 Month

Membership Type: _____ Single

I/We hereby waive and release Concordia University, St. Paul, Minnesota from any and all liability for injury or illness incurred while using the Gangelhoff Center facilities. I understand that this membership is offered with the stipulation that physical education classes, varsity teams, and intramural activities have priority, and that my membership does not include guests, for whom there is an additional charge per person/per day.

X _____
Signature Date

Return application and fee to:

Concordia University
 Attn: September Nelson
 275 North Syndicate Street
 St. Paul, MN 55104-5494
 651-641-8867

(For Office Use Only)

Amount Due: _____ Received by: _____
 Type of Payment: _____ Check Number: _____