



<b>Membership Category:</b> <input type="checkbox"/> Full-Time Employee Family <input type="checkbox"/> Full-Time Student Family <input type="checkbox"/> Part-Time Employee Family <input type="checkbox"/> Retired Employee <input type="checkbox"/> Trustee
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### JBU Membership Application

JBU Affiliate

Name: \_\_\_\_\_  WAIVER  ID

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPOUSE**

Name: \_\_\_\_\_  WAIVER  ID

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

**DEPENDENTS IN FAMILY\*\*\***

Please list all dependents included in the *family membership*.

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

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Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

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**\*\*\* To be eligible for membership, dependents must be age 22 or younger. Children below the age of 14 must be supervised by a parent or guardian at all times while in the health complex. Children who are 14 years old and above are eligible to have their own card and utilize the facility without adult supervision.**