The University of Oklahoma
Health Sciences Center

UNIVERSITY HEALTH CLUB

MEMBERSHIP APPLICATION

General Information

How did you hear about this facility?_____

Name: _____ Gender: _____

Address: _____Date of Birth: _____/_____/_____

City: _____ State: _____ Zip: _____ Age:_____

Home Phone: (___)_____ Work Phone: (___)_____ SSN:_____

Physician: _____Phone: _____

E-mail Address:_____

Emergency Contact

Name: _____Relation: _____

Home Phone: (___) _____Work Phone: (___) _____

Billing Information (Please Check One)

I authorize the University Health Club and the financial institution named below to make automatic monthly withdrawals from or charges to the account below. This authority remains in effect until I notify the University Health Club in writing to cancel this authorization, allowing the University Health Club at least 90 days to act upon it.

_____ Electronic Fund Transfer
Name of Financial Institution: _____

Bank Routing Number: _____ Account Number: _____
(Attach a voided check to this Authorization)

_____ Credit Card (circle one) MasterCard/Visa

Card Number: _____ Exp. Date: _____

A copy of the billing method, driver's license, an employment ID (if applicable), or an OUHSC Student ID is required.

Applicant Signature_____ Date: _____

Office Use Only

Application Fee $_____
First Month Dues $_____
Amount Enclosed $_____
Form of Initial Payment _____

Office Use Only

Rate $_____
Status_____
Member #_____