John Jay College of Criminal Justice
Department of Physical Education & Athletics
Community Recreation Membership Form

Name: _____ Agency/Department: _____

Office #: _____ Extension: _____

Address: _____

City:_____State:_____Zip: _____

Work Phone: _____ Home Phone:_____

Amount Due: $ _____Check #: _____Date: _____

Recreation Membership Card: _____

John Jay College assumes no responsibility for the health status of any Community Recreation or Pool Member. Community recreation/pool members participate at their own risk.

Signature:_____ Date:_____

Locker Number: _____ Recreation Fee: $_____

Expire Date: _____ Locker Fee: $_____

Membership Type:	Pool Pass	Pool Member	Community Rec Member	
Category:	Faculty/Staff	CUNY/Alumni	Public Service	Senior Citizen
	Guest	Other	Community	

NO MEMBERSHIP PAYMENT REFUNDS OF ANY KIND

Please fill out and fax to Ron Goss at 212-237-8474