

RICE UNIVERSITY  
The Barbara and David Gibbs  
RECREATION CENTER MEMBERSHIP

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*First Name Middle Name Last Name*

E # \_\_\_\_\_ Department \_\_\_\_\_ MS \_\_\_\_\_

Extension: \_\_\_\_\_ Email \_\_\_\_\_  
*Please print clearly*

check if adding spouse

Spouse Name: \_\_\_\_\_  
*First Name Middle Name Last Name*

**Type of Membership:**

- Individual Membership
- Reduced Rate Membership (for faculty/staff member who earns less than \$35,000 year\* )
- Individual plus Immediate Family Member
- Family Membership (Individual plus Two or More Family Members)

**Payment Options:**

- Payment in Full for Annual Membership
- Fall semester (see confirmation below)

My signature below confirms that I will enroll in Recreation Center Member payroll deduction via my Esther account when available. In order to cancel the deduction, I understand that I will need to complete a cancellation form that I can obtain from the Barbara and David Gibbs Rice Recreation Center, and that my request will not be processed until the beginning of the subsequent semester.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Membership Cancellation Only:

I authorize Rice University to terminate my request for payroll deduction to pay my membership fees for the Barbara and David Gibbs Recreation Center. I understand that in doing so, I will lose my privileges as a member to this facility. Further, I understand that I will continue to be assessed fees until the beginning of the subsequent semester.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\* This information will be verified by the Payroll's Office