



# ALUMNI FITNESS CENTRE MEMBERSHIP

## Alumni Relations

Name: \_\_\_\_\_  
*last first middle initial*

Address: \_\_\_\_\_  
*street city province postal code*

Contact Numbers: \_\_\_\_\_  
*home business fax*

E-mail: \_\_\_\_\_

Company: \_\_\_\_\_ Business Title: \_\_\_\_\_

ID# \_\_\_\_\_ Birth Date (dd/mm/yy) \_\_\_\_\_

Single Pass:  3 months  6 months  annual  renewal or  new

Family Pass:  3 months  6 months  annual  renewal or  new

\*Children 6 years and under do not require photo I.D. pass

\*Dependents 18 years and over must purchase their own pass

<b>How did you hear about the Fitness Pass?</b>
<input type="checkbox"/> Alumni Link
<input type="checkbox"/> Web site
<input type="checkbox"/> Other _____

**Name** **Birth Date (dd/mm/yy)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

<b>I'd be interested in:</b>
<input type="checkbox"/> Volunteer opportunities
<input type="checkbox"/> Mentoring a SAIT student
<input type="checkbox"/> Advertising in the Alumni Link
<input type="checkbox"/> Writing a Link story
<input type="checkbox"/> Other _____

Spouse/Partner is a SAIT Alumnus \_\_\_\_\_  
*name (if not listed above)*

The information provided is complete and accurate and I realize that false or misleading information may result in forfeiture of Campus Centre membership. I have been informed that a NO REFUND POLICY is in effect.

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

This personal information is collected under the authority of the Technical Institutes Act and the Freedom of Information and Protection of Privacy Act, Section 32 (c). This information is used to PROVIDE THE SAIT ALUM WITH A CAMPUS CENTRE FITNESS MEMBERSHIP, and used for purposes of administering alumni relations, marketing, and development programs for SAIT. Any information will be used to update their record and used in compliance and protected by Alberta's Freedom of Information and Protection of Privacy Act. Individuals who submit information acknowledge the above and consent to the collection. If you require further information, please contact the ALUMNI RELATIONS OFFICE at (403) 284-7010 or alumni@sait.ca.

<b>FOR OFFICE USE ONLY</b>	
Receipt No.: _____	Total Receivable: \$ _____
Payment Method: <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit	
VISA/MC #: _____	Expiry Date: _____
Pass Expiry Date: _____	