# 2026 – 2027 WSU Fitness Center
# Membership Application

**Name** _____
Last First Middle

School Address _____

School Phone _____

E-mail Address _____

**CLASSIFICATION**
Check one:
□ WSU Admin.; Faculty, Staff, or Retiree
□ Spouse or Significant Other

□ Other

Please see **Cashiers office second floor Maxwell for payment.**
□ **Credit Card** □ **Debit Card** □ **Check** □ **Cash**

**Membership Options:**
1 year (August '26 to August '27) fee of $200 (plus MN. Tax) per person,
January '27 to August '27 fee of $150 (plus MN. Tax) per person
May'27 thru August 27 fee of $100 (plus MN. Tax) per person
Fitness Center Account # **332520**

**When completed at the Cashiers office, Please take a copy with receipt to the front desk of the Fitness Center to have your WSU ID authorized.**
**Thank you**

**Please bring your ID to enter facility. If it is a Spouse or Significant Other we will give them a card for access.**

***I hereby certify that I will comply with the WSU Fitness Center Regulations. These regulations, along with the Facility hours (following the academic calendar).***

_____
Signature Date