

**BRYN MAWR COLLEGE
GYM/LIBRARY AFFILIATE
SPOUSE MEMBERSHIP APPLICATION**

SPOUSE APPLICANT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Work Phone:

Home/Cell Phone:

Email:

Membership/ID number:

EMPLOYEE/RETIREE INFORMATION

Name:

Department (if still active employee):

Phone:

EMERGENCY CONTACT

Contact 1

Name:

Work Phone:

Home/Cell Phone:

Contact 2

Name:

Work Phone:

Home/Cell Phone:

OBTAIN PHOTO MEMBERSHIP CARD AT WARD BUILDING - \$10.00 FEE
Checks (payable to Bryn Mawr College), cash, or credit card

**SPOUSE LIABILITY
RELEASE AND WAIVER
FOR SCHWARTZ GYMNASIUM MEMBERSHIP**

(please type or print)

1. I am a spouse of a Bryn Mawr College employee or retiree.
2. _____ and become a
Gym Affiliate.
3. I understand that this benefit terminates under the following circumstances: when my spouse is no longer an employee or retiree of the College and/or when I am no longer the spouse of said employee or retiree.
4. In consideration of being permitted >