## Membership/Activity Payment Form

Primary Household Contact (Las (Adult or parent if your are under 18		(First <u>)</u>			
	s Zip Code				
Home Phone ()	Work Ph	one ()	Cell ()_		
Email Address					
<b>Did you move?</b> New Address		Ci	ty/State	Zip code	
Affiliation to Northwestern Uni Student,Alumni,Faculty	•		Public,Affiliate (hov	v so)	
Participant's First/Last Name	Birth Date	Pass or Activity Nar	me and description yo	our signing up for OR	Cos
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		<u>.                                    </u>		Total Fees \$	
METHOD OF PAYMENT:  MasterCard  Visa American Express Cash Check (Made payable the Payroll Deduction (Avaranta) *Attached signed payroll	ailable to North	western University	-	• Membership fees only) copies accepted.	
CC#		Exp	o.Date	_ Security Code	
CC#Credit card number					
Staff Namo					
Staff Name:(Name of Staff filling out or rec	ceiving this sheet	from patron/participa	nt)		
Cashier Name	A	Amount Paid:	Receipt#		
Mailto:Northwestern Univers Attn: Membership Off 2311 Campus Drive Evanston, IL.60208 OR Fax to: 847-467-4740	sity Recreati		Questions/Comm	ents? Write them below.	