

**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**

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(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 >