



Membership Form

Name: _____

Date: __/__/__

Department: _____

Extension: _____

Email: _____

DOB: __/__/__

Circle one:

How did you hear about us? Email website word of mouth flyers

What programs would you be interested in (please write)?

Are you currently a member of the fitness center? Yes No

Has the Simply Wellness website been helpful to you? Yes No

**Please submit this form to Kim Teves, Simply Wellness, Athletics Department.
Your Wheel of Wellness will be sent to you interoffice mail.
Any questions send an email to simplywellness@rwu.edu.
Thank you!**