



**Active Living**  
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**FACULTY OF KINESIOLOGY STAFF**  
**Active Living Membership Renewal Authorization**

Name: \_\_\_\_\_ U.C.I.D. #: \_\_\_\_\_

Department: Academic      Active Living/Outdoor Centre      Human Performance Lab  
Athletics      Olympic Oval      Adjunct Professor      Other \_\_\_\_\_

Office Room #: \_\_\_\_\_ Phone #: \_\_\_\_\_

MEMBERSHIP OPTION: All Access      Fitness (All except Racquets)      Racquet/Gym/Swim/Climb

MEMBERSHIP TYPE:      Single      Family

Start Date of Membership: \_\_\_\_\_, 20\_\_\_\_

Family Members (if applicable):

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I hereby authorize Active Living to renew my staff membership and to provide payroll with this information for taxable benefit purposes.

Signature \_\_\_\_\_ Date: \_\_\_\_\_