University of Richmond
Weinstein Center for Recreation
Membership Subsidy Program

Weinstein Center for Recreation Membership Subsidy Program is the result of a generous gift from a member who wanted to help subsidize the cost of the Weinstein Center memberships for people who may need financial assistance. Some of the basic guidelines:

- Anyone is eligible to apply
- Subsidized membership expires after one year
- Member must complete this Membership Subsidy Program Request Form
- Member receiving subsidy is eligible to reapply
- Member can request subsidy of 25%, 50%, or 75% of cost of membership; amount approved may be less
- All membership categories are options
- Marketing & Membership Coordinator will review requests and make recommendations to Director of Operations for Health and Well-being
- Decisions will be based on the person’s written justification to provide evidence of financial need
- The funding source is limited and the program will be discontinued when funds are exhausted

Membership Subsidy Program Request Form

Name ____________________________   Phone # _________________ E-mail ______________________

Membership Category

_____ Student Part-time    _____ Student Part-time Family
_____ Faculty and Staff Adjunct/Part-time   _____ Faculty and Staff Adjunct/Part-time Family
_____ Young Alumni   _____ Alumni Individual   _____ Alumni Family
_____ Community Individual   _____ Community 50+   _____ Community Family

Subsidy Amount Requested  25% _____ 50% _____ 75% _____

Please Provide Written Justification of Financial Need _____________________________________________
_________________________________________________________________________________________

Signature ________________________________________ Date ____________

*Submit Form to Marketing & Membership Coordinator at the Weinstein Center for Recreation.

***Office Use Only***

Recommendation   No subsidy _____ 25% _____ 50% _____ 75% _____

Director-Operations Signature/Approval ________________________ Date ___________

Marketing & Membership Coordinator notification to Member __________________________ Date _______

Membership Cost _____________ Subsidy Amount _____________ Paid by Member _____________