

Spouse or Unrelated Second Domiciled Adult - Affidavit of Eligibility

l,	, submit this Affidavit to establish		
((name of member)	(na	me of adult)
as my (check one): Spouse Unrelated Second Domiciled Adult ("Unr	elated SDA")	
	ned below for the purpose of obtaining a n tion Center at a matching, or discounted, r	-	
Spouse	or Unrelated Second Domiciled Adult:		
Addres	s:		
And de	I declare that my partner is eligible becaut I declare that my unrelated SDA is eligible acknowledgement of each criteria): We are not related in any way that wou Neither of us is legally married to any personal both of us are at least 18 years of age personal residence and have immediately prior to the effective date together even if one or both leave the sevacations, intermittent business travel, when we a close personal relationship (be permanent; We share a mutual obligation of support I will provide to the Campus Recreation meligibility: Marriage or Civil Union Certificated Two recent documents that show mine, such as a driver's license, caregistration card, insurance policy credit card bill, mortgage statements.	use he/she is my spouse, OR e because we meet all of the fo uld prohibit marriage; verson; orior to the effective date of the re shared a principal residence f of the coverage (you may be constant of the coverage) military service, or education, is not a casual roommate or tena ret and responsibility for each ot membership staff the following of e, or or my unrelated SDA's current account st ar/boat registration, tax return, y, bank or brokerage account st	coverage; or at least six months onsidered to be residing reasons such as out intends to return); nt) that is intended to her's welfare. documentation to verify ldress to be the same as lease, voter
agree t Affidav in any o membe	ing below, I affirm that the assertions in the notify Campus Recreation within 30 days it. Further, I understand that providing falsor all of the following actions by DePaul: a ership rate differential, administrative and ership privileges; and other legal action again	s of any change in the circumsta se or misleading information in requirement that I reimburse D legal expenses; permanent reso	inces attested to in this this Affidavit may result ePaul for the
(signature of member)		(membership number)	(date)
(email)		(phone)	

Membership staff signature: _____