



Faculty Club Membership Application Form

Title: _____ U. of A. Employee Number: _____
(e.g.) Dr., Prof., Rev., Mr., Mrs., Miss, Ms.

Surname: _____ First Name: _____ Middle Initials: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Residence Telephone: _____ Business Telephone: _____

Department: _____ Position Held: _____

Email Address: _____

Please indicate membership category, complete applicable areas and mail or fax to the Faculty Club, 11435 Saskatchewan Drive, Edmonton, Alberta, T6G 2G9. Telephone: (780) 492-4231 Fax: (780) 492-4199 Email: facclub@ualberta.ca

1. **Special Introductory Offer Membership** (Valid for applicants who have an academic appointment and are applying for membership for the first time. Membership dues are reduced by 50% for the first two years. At the end of two years, dues are charged at the Regular Membership rate. You will receive a coupon for two dinners and a bottle of House wine in our Harriet Winspear Room.)
 _____ Current Monthly Dues: **\$ 12.50 + G.S.T.** (Charged on a Quarterly Basis on statement)
2. **Regular Membership** (Valid for applicants who have an academic appointment and are rejoining. Dues may be paid through payroll deduction or quarterly on statement)
 _____ Current Monthly Dues: **\$ 25.00 + G.S.T.** _____ Payroll _____ Quarterly
3. **Associate Membership** (Valid for members of the President's Society, Senate and Alumni Council)
 _____ Current Monthly Dues: **\$ 25.00 + G.S.T.** (Charged on a Quarterly Basis)

I hereby apply for membership in the Faculty Club and agree to pay dues in accordance with the rate established by the Faculty Club Executive. I understand that dues are to be paid in advance, *and in the event of my wishing to resign my membership, I must give notice in writing to the Club Manager or the Chair of the Membership Committee at least 30 days in advance of the proposed date of resignation or leave.* I understand that if I resign for reasons other than Administrative or Study Leave and wish to rejoin within 12 months, I will be assessed a fee of \$ 100.00.

Do you wish a membership card for your spouse? (no extra charge) _____

Name of Spouse: _____ Signature of Spouse: _____

Name of Sponsor (not required): _____

Signature of Applicant: _____ Date: _____

For Faculty Club use only

Effective Date of Membership: _____ Membership Number: _____

Initial Deduction _____ Salary Cheque
month

Final Deduction _____ Salary Cheque

Authorized by Faculty Club: _____ Date: _____

For Payroll use only

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