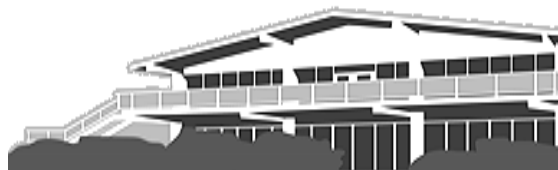


THE University CLUB

11435 Saskatchewan Drive Edmonton, AB T6G 2G9

Phone 780.492.4231 Fax 780.492.4199



Membership Cancellation

Name: _____

Membership Number: _____

30 days in advance of the proposed date of resignation is required.

At this time, we would like you to confirm that you are cancelling your University Club Membership by signing this contract in the space provided below and returning one copy to our office. Be aware that any charges and/or pro-rated dues incurred over this 30-day period will be required to be paid before cancellation is complete.

After over fifty years of existence, the Club has achieved a well-earned reputation for its first-class dinners, great service and reasonable prices. Please do not hesitate to contact our office if you have any questions or concerns regarding your cancellation.

Reason for Cancellation:

Date

I agree to comply with the conditions as stated above

Please mail, email or fax completed form to:

The University Club, 11435 Saskatchewan Drive Edmonton, Alberta, T6G 2G9

P 780.492.4231 F 780.492.4199 E uniclub@ualberta.ca