

THE
University
CLUB

**POSTDOCTORAL PROMO
MEMBERSHIP APPLICATION**

Dr. Prof. Rev. Mr.
 Miss. Ms. Mrs. _____

Last Name

First Name Initial(s)

U of A Employee Number | *not required*

Email

Street Address

City Province Postal Code

Primary Phone Business Phone

Initial for selected membership type:

Postdoctoral Complimentary 1 year
Membership is **FREE for the first year.**

X

**A credit card is required on file for
all Postdoctoral Complimentary
Memberships.**

I hereby apply for Complimentary
Membership in the University Club, and
understand this membership will
automatically be cancelled after a 1 year
membership, unless otherwise notified.

I understand that my credit card will be automatically
charged the week following statement day, for any
purchases applied to the membership.

Applicant Signature

MM/DD/YYYY

*Do you wish a membership card
for your spouse? no charge*

Name of Spouse | *not required*

Please email, mail, the completed form to:
The University Club
11435 Saskatchewan Drive
Edmonton, AB T6G 2G9

P 780.492.4231
E uniclub@ualberta.ca

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For University Club Use Only

Effective Date of Membership

Membership Number

MM/DD/YYYY | Authorized by the University Club

Please fill out this lower section with your Credit Card information

Credit Card: Master Card Visa American Express

Credit Card Number: _____

Expiry: _____

CVV: _____

THIS PORTION IS TO BE DESTROYED UPON PROCESSING