

THE
**University
CLUB**

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:

New Member Welcome Discount

Membership is **FREE for the first year.**

Dues will be charged at the Returning Membership rate after the one-year promotion.

X ~~Yearly Dues: \$600.00 + GST~~

Valid for applicants who are applying for membership for the first time OR who have not been a member in the past three years.

Returning Member

Valid for applicants who are rejoining.

Dues may be paid through payroll deduction or charges on statement.

X **Monthly Dues: \$50.00 + GST**

 Payroll Quarterly Yearly

Would you like to have your dues and charges billed to a credit card on file?

No Yes | *Please contact our accounting department with credit card details.*

I hereby apply for Membership in the University Club and agree to pay dues in accordance with the rate established by the University 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 fill out a Membership Cancellation form at least 30 days in advance of the 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.

Applicant Signature

MM/DD/YYYY

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

Name of Spouse | *not required*

Has an existing member sponsored your membership?

Name of Sponsor | *not required*

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

P 780.492.4231 F 780.492.4199
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