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**DEPARTMENTAL APPLICATION FOR**  
**MEMBERSHIP TO THE FACULTY CLUB, U. OF T.**

Applicant please complete Section A only and return to the above address:

**SECTION A - TO BE COMPLETED BY APPLICANT (PLEASE PRINT)**

Name of Department \_\_\_\_\_

Name of Department Head or Chair \_\_\_\_\_

Title: Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Dr. \_\_\_\_\_ Prof. \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Personnel # \_\_\_\_\_

I have been a member of the Faculty Club before - no ( ), yes ( ) Date \_\_\_\_\_ Member # \_\_\_\_\_

**THE DEPARTMENT WILL BE RESPONSIBLE  
FOR ALL CHARGES INCURRED ON THIS ACCOUNT.**

I agree to abide by the House Rules & By-laws as set down by the Board of Directors.

Date \_\_\_\_\_ Signature of Dept. Head or Chair \_\_\_\_\_

**(APPLICANT MUST BE COMPLETED IN FULL BEFORE MEMBERSHIP IS PROCESSED)**

**SECTION B – FOR OFFICE USE ONLY**

The application for membership of the above has been approved on \_\_\_\_\_, 20

Signature \_\_\_\_\_  
Chairman, Membership Committee

Effective Date of Membership \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_ Membership #

\*For additional cards, please complete required information on the reverse side of this page.

