



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 # _____

CREDIT CARD # _____ EXPIRATION DATE ____ / ____

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 (\$25.00/card) please complete required information on the reverse side of this page.

