



Faculty Club University of
Alberta Edmonton, Alberta,
T6G 2G9

Faculty Club Academic Membership Application Form

Title: _____ U. of A. Employee Number: _____
(e.g.) Dr., Prof., Rev., Mr., Mrs., Miss, Ms.

Surname: _____ First Name: _____ Middle Initials: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Residence Telephone: _____ Business Telephone: _____

Department: _____ Position Held: _____

***I wish to receive statements via Email:** _____

Please indicate membership category, complete applicable areas and mail or fax to the Faculty Club, 11435 Saskatchewan Drive, Edmonton, Alberta, T6G 2G9. Telephone: (780) 492-4231 Fax: (780) 492-4199 Email: facclub@ualberta.ca

1. Special Introductory Offer Membership (Valid for applicants who have an academic appointment and are applying for membership for the first time. Membership dues are reduced by 50% for the first two years. At the end of two years, dues are charged at the Regular Membership rate.)

_____ Yearly Dues: **\$ 180.00+G.S.T**

2. Regular Membership (Valid for applicants who have an academic appointment and are rejoining. Dues may be paid through payroll deduction or quarterly on statement)

_____ Current Monthly Dues: **\$ 30.00 + G.S.T.** _____ Payroll _____ Quarterly

I hereby apply for membership in the Faculty Club and agree to pay dues in accordance with the rate established by the Faculty 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 give notice in writing to the Club Manager or the Chair of the Membership Committee at least 30 days in advance of the proposed 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.

Do you wish a membership card for your spouse? (no extra charge) _____

Name of Spouse: _____ Signature of Spouse: _____

Name of Sponsor (not required) _____
Sponsor will receive a coupon of two chef special dinners and one bottle house wine.

Signature of Applicant: _____ Date: _____

For Faculty Club use only

Effective Date of Membership: _____ Membership Number: _____

Initial Deduction _____ Salary Cheque
month

Final Deduction _____ Salary Cheque

Authorized by Faculty Club: _____ Date: _____