



Faculty Club University of Alberta
 11435 Saskatchewan Room
 Edmonton, Alberta, T6G 2G9

Faculty Club Associate Membership Application Form

Title: _____

(e.g.) Dr., Prof., Rev., Mr., Mrs., Miss, Ms.

Surname: _____ First Name: _____ Middle Initials: _____

Address: _____ City: _____ Province: _____

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

Email Address: _____

Associate Members will receive monthly statement 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. Associate Membership (valid for applicants who are applying for membership for the first time. Membership dues are reduced by 50% for the first year only, dues will be charged at the Regular Membership rate \$30.00+GST/ month after the one year promotion).

_____ Annual Fees: **\$ 189.00 (GST Included)**

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 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: _____

Signature of Applicant: _____ Date: _____

Name of Sponsor (not required) _____

Sponsor will also receive a coupon for two chef special dinners and a bottle of House Wine

For Faculty Club use only

Effective Date of Membership: _____ Membership Number: _____

Authorized by Faculty Club: _____ Date: _____