



MEMBERSHIP APPLICATION FORM

Thank you for your interest in the University Club

www.daluclub.ca

T: 494-6511/ F: 494-6599/ E: uclub@dal.ca

ABOUT YOU	
Name:	
Email Address:	
Home Address:	
City & Postal Code:	Home phone: Office phone:
Affiliation with Dalhousie:	
<input type="checkbox"/> Employee (F/T)	Banner #: _____ Dept.: _____
<input type="checkbox"/> Employee (P/T)	Banner #: _____ Dept.: _____
<input type="checkbox"/> Retiree	Banner #: _____
<input type="checkbox"/> Alumni	Year: _____
<input type="checkbox"/> Sponsored by Member:	
<input type="checkbox"/> Other	
If other please explain:	
Supplementary Family Card Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name to appear on Supplementary Card:	
Have you ever been a member of this Club? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Membership Number:	
Email Preference: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None	



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FEES: APRIL 1 – MARCH 31

<input type="checkbox"/> Regular Member (Year 1, New Members only)	\$82.50 per year + tax = \$94.88
<input type="checkbox"/> Regular Member (Continuing)	\$165 per year + tax = \$189.75
<input type="checkbox"/> Retired Faculty or Staff	\$82.50 per year + tax = \$94.88
<input type="checkbox"/> Grad Student (Year 1 Only)	\$41.25 per year + tax = \$47.44
<input type="checkbox"/> Grad Student (Continuing)	\$82.50 per year + tax = \$94.88

PAYMENT PLAN

<input type="checkbox"/> Monthly Payroll Deduction Plan (Recommended – form attached)
<input type="checkbox"/> Cheque Enclosed for ____ Months to the end of March 31 (Membership cost/12 - Begin with today's date)
<input type="checkbox"/> Debit, VISA or Mastercard – Please see office to process

CORRESPONDENCE

Please send to: Home Office

TODAY'S DATE:**SIGNATURE:****FEES: APRIL 1 – MARCH 31**

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