



UNIVERSITY
— CLUB —
ARIZONA STATE UNIVERSITY

MEMBERSHIP APPLICATION

I WANT TO JOIN THE UNIVERSITY CLUB IN THE FOLLOWING CATEGORY:

REGULAR ONE-TIME
MEMBERSHIP FEES

MONTHLY DUES

| | | |
|--|--------------|---|
| ___ Alumni | \$100 | \$20.00 |
| ___ Community | \$200 | \$22.00 |
| ___ Faculty | \$100 | \$16.25 |
| ___ Staff | \$100 | \$16.25 |
| ___ ASU Retiree | \$100 | \$8.00 |
| ___ Corporate (1-5 people) | \$625 | \$65.00 (\$13 each add'l person) |
| ___ Department (1-5 people) | \$200 | \$65.00 (\$13 each add'l person) |
| ___ Silver Members (75+ years old) | \$100 | \$8.00 |
| ___ New Faculty/Staff (less than 6 months) | \$25 | \$16.25 |
| ___ New Member-Alumni Association (less than 6 months) | \$25 | \$20.00 |

Dr. Mr. Mrs. Miss Professor

Name _____ Spouse Name _____

Home Address _____ City _____ State _____ Zip _____

D.O.B _____ Home Phone _____

ASU College _____ Department _____ Mail Code _____

ASU Phone _____ Fax _____ Email _____

Company/ASU Dept. Name _____ **Title** _____

Office Address _____ City _____ State _____ Zip _____

Office Phone _____ Fax _____ Email _____

Referred by _____

PAYMENT OPTIONS: A one-time membership fee and monthly dues are required for all members.

Membership Fee: (check made out to ASU) ___ Check Enclosed Charge (Circle One) Visa MC AMEX

Card Number _____ Expiration Date: _____

Dues: (Circle One) Yearly Monthly ___ Check Enclosed (payable to ASU University Club)

Charge (*Note: Charge option only applies to yearly dues) (Circle One) Visa MC AMEX

Monthly Dues on Payroll Deduction (ASU Faculty & Staff Only) ASURITE User ID: _____

Would you like a spouse card? ___ Yes ___ No ASU Affiliate ID: _____

Cancellations must be provided in writing to Member Services Coordinator 30 days prior to the effective date.

Signature: _____ Date: _____

Parking: Because of limited space, only members and their guests may park in the Club's parking lot when they are actively using the Club's facilities.

For additional information, please call (480) 965-0700

Please return completed form to:
University Club
PO Box 873602 Tempe, AZ 85287-3602



For Official Use Only:
MEMBER NUMBER ASSIGNED _____

