

Application for Membership

THE UNIVERSITY OF WASHINGTON CLUB

Type of membership: Faculty _____ Staff _____ Retired _____ Visiting _____ (# of quarters)
Alumni _____ Alumni Association Number _____ other _____

Were you referred by another member? Yes ___ No ___ If yes, name of member _____

NAME: Last _____ First _____

Position _____ Department _____

Work phone _____ Fax _____ Home phone _____

Employee I.D. Number: _____

If this number is not on the **front** of your Husky Card, then we need your Social Security Number: _____ . Or, if you prefer, we can make you up a separate card for Club use only.

Do you wish a Spouse Card? Yes ___ No ___ If yes, Spouse's Name _____

Birth Date: _____ Spouse's Birth Date: _____

Would you like your statements sent **Home** _____ or sent to **Campus Box** _____ (Please Check One)

BOX NUMBER _____ **E-mail Address** _____

Would you like to be on our email list for: Daily Lunch Specials? Yes ___ No ___ Upcoming Events? Yes ___ No ___

HOME ADDRESS _____

Annual memberships are valid for the academic year, from Fall Quarter through Summer Quarter. The Club is closed for a month between Summer and Fall quarters, as well as two weeks for Winter break.

Dues for active members of faculty, staff and the Alumni Association are prorated by each quarter of the academic year. **Full Year starting in the Fall \$150, Winter \$99.96, Spring \$55, and \$35 for membership beginning Summer Quarter.** Dues are non-refundable. Dues are **\$60** for retired UW faculty and staff. Dues are **\$55** per quarter for visiting faculty. Please enclose a check for your dues made out to **THE UNIVERSITY OF WASHINGTON CLUB** and mail to The University of Washington Club, Box 354420, Seattle, WA 98195-4420, or enroll in the Payroll Deduction Plan by contacting our office for an authorization form. **Membership is valid through August 31, 2010.** Renewals will be billed at the beginning of Fall Quarter.

As a member of The University of Washington Club, I will be responsible for all charges made against my account. I understand I will be billed monthly, that payment is due upon receipt of my statement, and I am responsible for any fees or charges due to late payments or returned checks.

Signature _____ Date _____

The University of Washington Club
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Telephone: (206) 543-0437

E-Mail: uwclub@u.washington.edu
Website: <http://depts.washington.edu/uwclub/>
Fax: (206) 685-7386

A 10% surcharge, subject to change, is added to all member sales to provide funds for capital improvements.