



Application for Membership
The Ida and Cecil Green Faculty Club at UCSD

UNIVERSITY OF CALIFORNIA, SAN DIEGO
LA JOLLA, CA 92093-0121
PH: (858) 534-0876

Instructions: You may use the PRINT feature of your Web Browser to create a copy of this form. Mail the completed application to the address above. **Do not fax** as it contains personal information about your method of payment. By including your signature on this form or by making payment by check, it is understood that you agree to abide to the By-Laws, Rules, and Regulations of the Faculty Club.

Full Name: _____

(Your Middle Name is required if you elect Payroll Deduction for payment of dues)

Spouse/Family Member's Name: _____

University Title: (please circle one)

- Faculty
- Staff
- Alumni
- Retired
- Community
- Grad Student
- Post Doc
- Temporary
- Other (specify) _____

E-mail Address: _____

Department: _____ Mail Code: _____

Home Address:

Telephone Numbers: Home: (____) _____

Office: (____) _____

Cell: (____) _____

Initiation Fee

Members pay a one-time fee of \$200 (or \$100 for new Faculty/Staff/Alumni/Graduate Students/Post Doc in their first 6 months with the university).

Please Circle One:

- **Promotion: Fee Reduced now \$100 limited offer:**
Community One-time Member fee reduced from \$200 to \$100
- **Promotion: Fee Reduced now \$50 limited offer:** Fee as new Faculty/Staff/Graduate Student/Alumni reduced from \$100 to \$50
- \$25 Temporary Academic Visitor (3 to 9 months)

Monthly Dues

Single Membership

- Active \$14.00 (Faculty/Staff/Graduate Students/Alumni/Post Doc)
- Retired \$10.00
- Community \$16.00

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If You Elect Payment by Debit or Credit Card: Please return the authorization below to the faculty club with the rest of your membership information.

Billing Authorization: I understand the bills for the Faculty Club fees, dues and for services are payable upon receipt. I authorize the Faculty Club or its agent to bill the credit card below for any amount as indicated above. Please indicate type of charge card:

- Master Card
- Visa
- American Express

Card# _____ Exp. _____

Name on Card: _____

Signature: _____ Date: _____

If You Select Payment by Check: Please return the following form with your check to the Faculty Club. Please make checks payable to the UCSD Faculty Club

I have enclosed a payment for the following to begin my membership at the UCSD Faculty Club:

Initiation Fee \$ _____

First Month Dues \$ _____ (If electing Payroll Deduction)

Semi-Annual Dues: \$ _____

(6 months dues if paying by Check or Credit Card)

Total Amount Enclosed: \$ _____