



**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 **FAX:** (858) 534-5719

**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: (bills and other information are mailed to your office unless otherwise requested)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers:

Office: (\_\_\_\_) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ (optional)

**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:

- \$200 one time Member fee
- \$100 Reduced fee as new Faculty/Staff/Graduate Student/Alumni
- \$25 Temporary Academic Visitor (3 to 9 months)

**Monthly Dues**

Single Membership

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



# Application for Membership - The Ida and Cecil Green Faculty

**If You Elect Payment by 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. I further authorize the club to bill the credit card below, without prior notification, for any amount billed to my club account which I have not paid within 45 days after the billing date. If the credit card authorized below becomes invalid or if I exceed its credit limits, I agree to provide the Club with an alternative valid credit card or otherwise understand that my credit at the Club may be limited. I acknowledge that it is my responsibility to provide the Club with any address changes, and if I fail to do so, my non-receipt of bill(s) does not invalidate any provisions of this authorization. If I do not provide a credit card authorization I understand that my credit at the Club may be Limited. The Club will charge 1 % interest per month on any account balance 60 days old or older. Additionally, the Club will charge a \$10 handling fee per month on any account with a balance 60 days old or older. Prompt payment of bills is greatly appreciated.

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: \$ \_\_\_\_\_