



<i>For Office Use Only</i>	
Amt Paid:	_____
Date Recd:	_____
Check #:	_____

Application for Membership

Please print or type: Date: _____

Name of Club: _____

Representative: _____ Title: _____

Club Street Address: _____

Mail Address/P.O. Box _____

City State/Province Zip/Postal Code

Country: _____ e-mail Address: _____

Telephone: _____ area code FAX: _____ area code

Web Site: _____

- Facilities Offered to Club Members (please check all that apply):*
- | | | | | |
|--|--|--|--|----------------------------------|
| <input type="checkbox"/> Dining Facilities | <input type="checkbox"/> Meeting Rooms | <input type="checkbox"/> Banquet Facilities | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Library |
| <input type="checkbox"/> Game Room | <input type="checkbox"/> Pub/Lounge | <input type="checkbox"/> Overnight Accommodations - # of rooms _____ | | |
| <input type="checkbox"/> Other facilities: | | | | |

ACUC Annual* Dues Amount: \$325 USD

Payment Method: *Calendar Year Jan. – Dec.

Check Enclosed (payable to ACUC) Charge to Visa # _____

American Express # _____

OR MasterCard # _____ Card Expiration Date: _____

Print Name as it appears on card: _____

Card Statement Mail Address: _____

City State/Province Zip/Postal Code

Signature of Cardholder: _____ Date: _____

Please complete this application and FAX; or mail it along with your payment to:

Association of College and University Clubs
1733 King Street • Alexandria, VA 22314-2720 USA
Phone: (703) 299-2630 • FAX: (703) 739-0124 • e-mail: acuc@acuclubs.org