



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

## Application for Associate Membership

Please print or type:

Date: \_\_\_\_\_

Name of University or College: \_\_\_\_\_

Name of Club, University Department, or Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State/Province Zip/Postal Code

Country: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ area code FAX: \_\_\_\_\_ area code

Web Site: \_\_\_\_\_

- Status of your university club (please check all that apply):*
- Exploring club development
  - Conducting feasibility study
  - Remodeling existing facility
  - Developing new facility
  - Gathering Information
  - Have club members; no club building
  - Other: \_\_\_\_\_

### 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**