



<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 Have club members; no club building
 - Remodeling existing facility Developing new facility 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