



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

Application for Membership – Friend of ACUC

Please print or type: Date: _____

Name: _____

Company Name: _____ Title: _____

Business Address: _____

Mail Address/P.O. Box _____

City

State/Province

Zip/Postal Code

Country: _____ e-mail Address: _____

Telephone: _____ FAX: _____
Area code Area code

Web Site: _____

Interest in ACUC (please check any that apply): Former Club Manager Retired Club Manager
 Former Club Board Member Former Club Employee Other Interest (please explain):

Previous Club affiliation: _____
(name of club)

ACUC Annual* Dues Amount: \$75 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