The University Club of McMaster
Alumni Memorial Hall
TRIAL MEMBERSHIP APPLICATION
2018 – 2019

Please check (✓) ONE membership category and complete the required information

- Trial Membership no dues until July 1, 2019 - $55 Administration fee applies
- Individual ($315.00) - (complete “Member Information” section)
- Individual with Payroll Deduction for Membership Fees ($354.00) - Employee #: ______
  By-weekly deduction - $14.75. (Complete “Member Information” section)
- Alumni ($210.00) – Non-University Staff - Year of Graduation: ________________
  (Complete “Member Information” section)
- Associate ($160.00)
  o Retired McMaster employee (complete “Member Information” section)
  o Graduate Student (complete “Member Information” section)
  o Widow(er) of a Member (complete “Member Information” section)
- University Corporate - 3 members ($770.00)
  o Department & Contact Person: ____________________________
  o Campus Address: ______________________________________
  o Primary Member: ______________________________________
  o Second Member: ______________________________________
  o Third Member: ______________________________________
- Corporate - 4 members ($920.00)
  o Business Name: ______________________________________
  o Business Address: ____________________________________
  o Business Phone: ________________________________
  o Primary Member: ____________________________________
  o Second Member: ____________________________________
  o Third Member: ____________________________________
  o Fourth Member: ____________________________________
- Proprietor Corporate - 1 member ($446.00)
  o Business Name: ______________________________________
  o Business Address: ____________________________________
  o Business Phone: ________________________________
  o Member’s Name: ____________________________________
Member Information:

Last Name: ________________________________ First Name: ________________________________

Title: Dr. ___  Prof. ___  Mr. ___  Mrs. ___  Ms. ___  Miss ___

Faculty/Department: ________________________________________________________________

Campus Address: __________ Extension: ______ E-mail: ________________________________

Home Address: ___________________________________________________________________

Home Phone: ___________________________ Home E-mail: ______________________________

Signature: _____________________________ Date: _____________________________

All House Accounts are billed monthly and are payable in full on receipt.

Additional Family Membership - $60
To add a secondary member to an Individual, Alumni or Associate account who resides at the same residence as the Primary Member.

Name of Secondary Member: ____________________________________________________

*Note: All fees include HST.