The University Club of McMaster
Alumni Memorial Hall
TRIAL MEMBERSHIP APPLICATION
2017 – 2018

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

- Trial Membership until July 1, 2018
- 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)
  - Retired McMaster employee (complete “Member Information” section)
  - Graduate Student (complete “Member Information” section)
  - Widow(er) of a Member (complete “Member Information” section)
- University Corporate - 3 members ($770.00)
  - Department & Contact Person: ____________________________________________
  - Campus Address: _______________________________________________________
  - Primary Member: _______________________________________________________
  - Second Member: _______________________________________________________
  - Third Member: _______________________________________________________
- Corporate - 4 members ($920.00)
  - Business Name: _______________________________________________________
  - Business Address: _____________________________________________________
  - Business Phone: _______________________________________________________
  - Primary Member: _______________________________________________________
  - Second Member: _______________________________________________________
  - Third Member: _______________________________________________________
  - Fourth Member: _______________________________________________________
- Proprietor Corporate - 1 member ($446.00)
  - Business Name: _______________________________________________________
  - Business Address: _____________________________________________________
  - Business Phone: _______________________________________________________
  - Member’s Name: _______________________________________________________

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AMH 201 – (905)525-9140 Ext 23246
Fax: (905)525-2429
E-mail: mercato@mcmaster.ca
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:
__________________________________________________________