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 no dues until July 1, 2018 - $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.