

Stanford Faculty Club

AUTHORIZATION FOR PAYROLL DEDUCTION OF DUES

I authorize Stanford University to deduct my Faculty Club dues from my paycheck each month.

Name: _____
(Please Print)

Member Number: _____

Signature: _____

Stanford ID #: _____

Return this form to the Faculty Club **OR**
mail to: Stanford Faculty Club, P.O. Box 20370, Stanford, CA 94309-7229
Fax (650) 725-9984