

**Membership Application  
Stanford University Faculty Club**

Name: _____			Spouse's Name _____	
<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Title at Stanford _____				
Department affiliation (if applicable): _____				
Stanford University Address: _____			Stanford Mail Code: _____	
Home Address: _____			Send monthly bill to: <input type="checkbox"/> home <input type="checkbox"/> office	
City: _____			State: _____	Zip: _____
Home Phone: _____		Stanford Phone (if applicable): _____		
Email Account: _____			Fax Number: _____	

**Faculty, Academic Staff, University Staff – Other Teaching, Exempt Staff** (*Paid 50% or more by Stanford & Benefits – Eligible*)  
Term Expiration Date: \_\_\_\_\_

**Retirees:**

Retired Faculty or Exempt Staff  
 Surviving spouse of a faculty or exempt staff member  
Name of Former Member: \_\_\_\_\_

**Current member of the Board of Trustees**  
Term Expiration Date: \_\_\_\_\_

**Other Relationship with University (Please explain):**  Alumni – Year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am a Professoriate Asst. Prof. whose dues are waived by a Board decision – Signature: _____	
Retirees:	
<input type="checkbox"/> I agree to pay my dues annually in September – Signature: _____	
Faculty, Academic Staff, University Staff – Other Teaching, Exempt Staff:	
<input type="checkbox"/> I agree to pay my dues monthly by payroll deduction	
Signature: _____	Stanford ID#: _____

Please return this form to:  
Stanford Faculty Club  
P.O. Box 20370  
Stanford, CA 94309  
or  
Fax: 650.725.9984