

875 Bowdoin St. Stanford, CA 94305 Phone:(650) 736-SCRA (7272) FAX: (650) 723-0844

APPLICATION FOR MEMBERSHIP

Date of Application _____

NAME: (Please Print Full Name)	:	
Applicants Primary Ema	ail:	
Spouse/Partner's NAM	E:	
Spouse/Partner's Emai	ll:	
Address: (Street, City, State, a	nd Zip):	
Home Phone:	Offi	ce/Cell Phone:
Department: Children's Name(s) & D		o Title:
1		2
3		4
EMERITUS MEMBERS of joining balance due within	12 months of joining and stay of	tiation fee (\$500.00 due within 15 days of the date current with Emeritus Rate Dues payable annually in
ASSISTANT PROFESS until you become tenure. M Note: Once you become tenure. period.	OR: If you are an Assistant Ponthly dues will be at the curre nure you agree to pay the cur	rofessor you can postpone paying the initiation fee nt regular membership rate by payroll deductions. rent initiation fee to the club within 12 month
PAYROLL DEDUCTION AUT	FHORIZATION: I hereby autho	orize Stanford University to deduct SCRA dues from The deduction will commence the month of joining
	rsity ID Number:	
	OFFICE SECTION	
Eligiblity Check: On-line Pay setup:	Payroll Setup: Database entry:	