

The Women's Faculty Club, University of California  
Berkeley, CA 94720

phone (510)642-4175, fax (510) 204-9661  
E-Mail: wfc@berkeley.edu  
Web Address: www.womensfacultyclub.com



## APPLICATION FOR MEMBERSHIP

Entrance Fee: \$25.00  
Individual Active Dues: \$11.00 per month, billed semiannually in December and June  
Graduate/Post-Graduate Dues: \$7.00 per month, billed semiannually in December and June  
Finance Charges: Late Charges are applied to accounts with overdue balances past 60 days

**Membership Privileges.** Your membership entitles you to use both Dining Room and Hotel facilities at the Women's Faculty Club (WFC). Any Dining Room or Hotel Charges can be billed to your account. Your membership also entitles you to bill any lunch charges from the Faculty Club to your WFC account. Hotel charges from The Faculty Club, however, cannot be charged to your WFC account. Members of WFC are also entitled to reciprocal privileges at any other club which is a member of the Association of Faculty Clubs International (AFCI). Listing of AFCI member clubs are available in the Office. Active members only may vote in Club elections and stand for office. Associate members do not have this privilege.

**Special Events** As a member you may reserve the Club for special events, reception or dinners. A minimum of six months' membership is required in order to hold a wedding at the Club. Weddings are allowed only for Club members or the members' immediate family. Rental deposits are required.

**Sabbaticals** The Club must be notified of a sabbatical in writing one month prior to the leave, along with new address information.

**\*\*Cancellation/Changes.** Cancellation of a membership, or changes in a membership category, must be provided in writing. Otherwise, membership charges will continue to accrue.\*\*

PLEASE PRINT \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Last, First, Middle) \_\_\_\_\_

POSITION AND DEPARTMENT \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_

CAMPUS PHONE \_\_\_\_\_ CAMPUS FAX \_\_\_\_\_ CAMPUS E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME FAX \_\_\_\_\_ HOME E-MAIL \_\_\_\_\_

VISA/MASTERCARD # \_\_\_\_\_ EXP. \_\_\_\_\_

**I have read and agree to the conditions of membership outlined above including the payment of the membership fee and monthly dues.**

SIGNATURE \_\_\_\_\_

PRESIDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_