



**THE WOMEN'S FACULTY CLUB
APPLICATION FOR DEPARTMENT ACCOUNT**

Name of Department: _____ Account Number: _____

Address: _____ Attention: _____

Email: _____ Telephone: _____

Annual Fee is \$125.00

The Department agrees to be responsible for all persons signing on this account.

All chits must be filled out showing department's name and number, user's legibly printed name and proper signature. Please make all checks payable to the Women's Faculty Club.

Annual Fee is billed each December for the following year and is not pro-rated.

Signature of
Dean, Chair or Director

Date

**THE WOMEN'S FACULTY CLUB
UNIVERSITY OF CALIFORNIA
BERKELEY, CA 94720-6055
Phone: (510) 642-4175**

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