



The University Club of San Francisco Membership Application

Please read these instructions and complete both pages of membership application. All of the requirements indicated must be met. All candidates & applications require approval by the University Club's Admissions Committee. Please include any and all documentation for any application of special categories of membership.

Applicant:

Full Name: _____ Date of Birth: _____ Gender: _____

Home Address: _____

Phone: _____ Email: _____

Monthly statement and mailings to be sent to: Email _____ Residence _____ Business _____

Do you want your contact information available in the Club's membership directory? Yes _____ No _____

Do you have a professional digitized headshot you can submit to the Club? Yes _____ No _____

Applying for Membership Category:

- ☐ **Resident** - (Only Resident Members have voting rights & equity stake in the University Club of San Francisco)
 - ☐ **Non-Resident** - (I agree by applying for Nonresident Category, I do not have access to a dwelling or workplace within the nine Bay Area counties including San Francisco, Marin, Sonoma, Napa, Solano, Contra Costa, Alameda, Santa Clara, and San Mateo. Club minimums waived for Non-resident members.)
 - ☐ **Special** - Contributing /Faculty /Veteran (Please circle and include proof of qualification with membership application.)
Initiation Fees reduced 50% for full time and emeritus college faculty members, full time clergy serving any religion, Veterans and Active Duty US Armed Forces, and recent graduates from undergraduate program within one year.
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Name of Member Sponsor: (if known at time of application) 1. _____ Member # _____

Name of Member Sponsor: (if known at time of application) 2. _____ Member # _____

Why do you wish to join the University Club of San Francisco? _____

Education:

University or College _____ Date of Graduation _____

Professional School _____ Date of Graduation _____

Employment:

Profession _____ Work Phone: _____

Employer _____ Email: _____

Employer's address _____

Term of Employment _____

Family:

Name of Spouse/Registered Domestic Partner _____ Date of Birth _____

Children _____ Date of Birth _____ Children _____ Date of Birth _____

Email Address _____ Phone _____

* I agree to accept full financial responsibility for any and all liabilities to the Club attributable to this individual. This authorization will remain in effect until revoked by me in writing. I agree to notify The University Club of San Francisco without delay in the event this relationship ends. My spouse / partner will not have Club voting rights or any equity interest in The University Club.

Emergency Contact: _____ Phone: _____ Relation _____

Athletic Facility Usage:

The Club charges an Athletic Clubhouse Fee of \$63 per month for individual or \$94.50 per month for Families for those desiring to utilize the Athletic Facility. The Fee is an annual commitment and may be declined in March of each year.

- ☐ I wish to enroll for Individual usage of the Athletic Facility.
- ☐ I wish to enroll for Family usage of the Athletic Facility.
- ☐ I hereby decline Athletic Access. I understand that this means I cannot use the Athletic Facility for any purpose. I further acknowledge that my Club access card will be configured to not allow me entrance into the Athletic Facility.

Committees & areas of interest—please check as many as apply :

Art _____ Cuisine _____ Special Events _____ Literature _____ Squash _____ Golf _____ Film _____ Sailing _____ Yoga _____ Chess _____

Trivia _____ Poker _____ Wine _____ Music _____ Cycling _____ Fishing/Hunting _____ Billiards _____ Military History _____

Other _____

Member of the following clubs / associations: _____

The information provided in this Application is correct and the Club has my consent to verify any aspect of it. I understand that if elected to membership, I will be responsible for charges for the Initiation Fee, Monthly Dues, Club Minimums and Club consumption. The Initiation Fee is nonrefundable and payable in full at time of election to Membership. I agree to abide by all terms and conditions of the Bylaws of The University Club of San Francisco. If I elect to resign my Membership, a request must be made in writing to the Board of Directors and shall not become effective until accepted by the Board. No resignation shall take effect until all indebtedness of the resigning Member is paid in full. Any obligation for future Dues, Assessments, Minimum or Club consumption charges shall cease upon delivery of the letter provided the resignation is later accepted by the Board.

Signature of Applicant_____
Date