



The Ohio State University

FACULTY

CLUB

GUIDELINES

For Membership

In accordance with the Constitution, the Board of Control of the Faculty Club has established the following rules for membership.

The application should provide adequate information to enable the Membership Committee to determine the eligibility of the applicant.

CATEGORIES

Of Membership

University Membership

- ◆ Faculty and visiting faculty
- ◆ University Administration and University Hospital Administration
- ◆ Trustees of the University and Hospitals
- ◆ University Staff and Hospital Staff
- ◆ Graduate / Professional Students

Associate Membership

- ◆ University Alumni
- ◆ Members of the University Alumni Association
- ◆ Members of the Presidents Club
- ◆ Faculty and Administrators of other Ohio Universities
- ◆ Friends of the University

SPONSORSHIP

Of Membership

I hear by sponsor this applicant for membership
Name _____ Phone _____



APPLICATION

For Membership

Name _____

Title First Last

Residence Information

Street Address _____

City State Zip Code

(Area Code) Phone Number Date of Birth

Social Security Number (optional) E-mail address

Employer Information

Department / or Company Name _____

Office or Street Address _____

City State Zip Code

(Area Code)Phone Number Extension

Position / Title

Affiliation with The Ohio State University

Administrator ___ Faculty ___ Staff ___ Graduate Student ___
Alumni ___ OSURA ___ Presidents Club ___ Other ___

Position _____

Recipient of an OSU Degree Yes No
Legacy Member- OSU Presidents Club Yes No
Lifetime Member - OSU Alumni Association Yes No

Business office use only

Member Number _____ Member Type _____ Initial Bill _____



Billing Information

Preferred Monthly Billing Address

Home Employer

Automatic Payment via Visa or MasterCard?

Yes No

Credit Card Number _____

Exp. Date _____

Household Members Authorized to Use the Account

Name Relation Date of Birth

Name Relation Date of Birth

Name Relation Date of Birth

If admitted to membership in The Ohio State University Faculty Club, I agree to pay the non-refundable initiation fee and membership dues as assessed. I understand that payment in full for all statements is due upon receipt to remain a member in good standing. I understand that payment on this account does not constitute a deductible contribution for Federal Income Tax purpose. Furthermore, I understand that both dues and initiation fees are subject to periodic review and alteration by the Faculty Club Board of Control.

Signature _____

Date _____

We will happy to begin processing your application upon receipt of all necessary information and initiation fee.

The Membership Committee may review and rule upon application requests not covered within current guidelines. Please allow 5 business days for the membership application to be reviewed and activated.