

**Membership Application  
Stanford University Faculty Club**

Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
*Last first m.i.*

Title at Stanford \_\_\_\_\_ Membership# \_\_\_\_\_

Department affiliation (if applicable): \_\_\_\_\_

Stanford University Address: \_\_\_\_\_ Stanford Mail Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Send monthly bill to:  home  office

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Stanford Phone (if applicable): \_\_\_\_\_

Email Account: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Faculty and Staff on Continuing, Benefits-Eligible Appointments (50% time or more):**

(Check appropriate box)

**Assistant Associate Full**

Tenure-line Faculty Member ( hire date _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med Center Line Faculty Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-tenure Line Teaching or Research Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Exempt Staff (benefits-eligible, continuing appointment)
- Full-time Academic Staff (benefits-eligible, continuing appointment)

**Retirees:**

- Retired faculty or exempt staff member
- Surviving spouse of a faculty or exempt staff member: Name of former member \_\_\_\_\_

**Faculty and Staff on TERM appointments:**

- Visiting, Acting or Consulting Faculty: Expiration date of current appointment \_\_\_\_\_
- Paid 50% or more by Stanford
- Paid less than 50% by Stanford
- Exempt or equivalent staff: Expiration date of current appointment \_\_\_\_\_
- Paid 50% or more by Stanford
- Paid less than 50% by Stanford
- Current member of the Board of Trustees Term expiration date: \_\_\_\_\_
- Cardinal member of the Faculty Club
- I have another relationship with the University that is equivalent to the above criteria (describe fully on the reverse side)

I am currently a Assistant Professor whose dues are waived by a Board decision -Signature \_\_\_\_\_

I am not on the Stanford payroll system so I will pay my dues annually in September-Signature \_\_\_\_\_

I agree to pay my dues:

Monthly by payroll deduction

Stanford ID# \_\_\_\_\_  
(For payroll use only)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Stanford Faculty Club  
P.O. box 20370  
Stanford, Ca 94309-7229

or drop off on your next visit  
\$15.00 initiation fee  
Assistant Professor no fee