

# University Club Winnipeg

Casual Dining • Licensed Pub • Catering

## 1 Membership Information

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Title:  Mr.  Ms.  Miss  Mrs.  Dr.  Professor  
 University Department (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

## 2 Additional Information

I have been a member of the University of Winnipeg Club before:  Yes  No  
 Were you referred by another member?  Yes  No Name of Member: \_\_\_\_\_  
 How did you hear about the Club? \_\_\_\_\_  
 Would you be interested in volunteering?  Yes  No

## 3 Fee and Payment Information

**Membership is renewable 12 months from the date of membership**

**Regular Member**

<input type="checkbox"/> Faculty	\$150.00 annual fee/ Payroll Deduction \$6.25 per pay
<input type="checkbox"/> Senior Admin	\$150.00 annual fee/ Payroll Deduction \$6.25 per pay
<input type="checkbox"/> Staff	\$75.00 annual fee/ Payroll Deduction \$3.13 per pay

**New members receive a 50% discount for their first year of membership.**

**Associate Member** \$40.00 Annual Fee (check all that apply)

<input type="checkbox"/> Part Time Employee	<input type="checkbox"/> Post-Doctoral
<input type="checkbox"/> Alumni	<input type="checkbox"/> Member of PACE's 55+ Program
<input type="checkbox"/> Graduate Student	<input type="checkbox"/> BU <input type="checkbox"/> CBC <input type="checkbox"/> RRC <input type="checkbox"/> UCN <input type="checkbox"/> UM
<input type="checkbox"/> Other (please specify) _____	

### Complimentary Membership

- Members of the UW Retiree Association
- Members' spouses (who are not UW employees)
- Off campus members of the Board of Regents

**Payment Method**

<input type="checkbox"/> Payroll deduction (preferred)	<input type="checkbox"/> Cheque (Payable to "The University of Winnipeg Club")
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express

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

## 4 Form Submission

Please return your completed membership form to Pam Delorme, Biology Department;  
 or scan and email to p.delorme@uwinnipeg.ca; or fax to (204) 774-2401.

**NOTE:** New Memberships become valid upon receipt of Membership Card, normally within two weeks of applying.