



Your co-operation in completing the following will be appreciated and will enable us to update our mailing list. Thank you.

MEMBERSHIP #:

Please check applicable category

TITLE: MR. _____ MS. _____ MISS _____ MRS. _____ DR. _____ PROF. _____

ADMINISTRATIVE STAFF _____ FACULTY STAFF _____

SURNAME _____ NAME _____

PERSONNEL # _____

After completing the information on both addresses, please check Preferable Mailing Address

BUSINESS ADDRESS: *(Please state department, room #, floor)*

BUSINESS TELEPHONE: _____

HOME ADDRESS: _____

POSTAL CODE _____

HOME TELEPHONE: _____

E-MAIL _____ *ADD TO LIST SERVE

**(IN ORDER TO RECEIVE INFORMATION ELECTRONICALLY ABOUT CLUB EVENTS AND NEWSLETTERS)*

DATE _____ SIGNATURE _____

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES COUNSELLOR

The following Joint Membership Plan (Athletics & Recreation, The Faculty Club & Hart House) was elected by the above employee:

St. George

Deduction Date (D/M/Y) :

UTM – Plan A

Coverage Date (D/M/Y) :

UTSC – Plan A

H.R. Officer's Signature

H.R. Officer's Name (Print)

H.R. Officer's Phone #

Date (D/M/Y)