

**UNIVERSITY CLUB
MEMBERSHIP REQUIREMENTS**

Prospective members require sponsorship by two current members. Individuals desiring membership must complete a written application. The application is then submitted to the Board of Directors with the recommendation of the membership committee.

Recommended new members are notified of their acceptance to the University Club through the Club office on behalf of the Board of Directors. The Food and Beverage Minimum is annual from July 1st to June 30th.

INITIATION FEES AND DUES

Dining:	Initiation Fee	Monthly Dues	Food/Bev Minimum
Standard	\$250	\$30/\$20 paired	Annual \$480
Athletic/Dining:	Initiation Fee	Monthly Dues	Food/Bev Minimum
Senior	\$250	\$125/\$95 paired	Annual \$480
Junior **	\$250	\$95/\$75 paired	Annual \$480
Non-Resident*:	Initiation Fee	Monthly Dues	Food/Bev Minimum
Dining-only *	\$250	\$20	_____
Athletic/Dining *	\$250	\$45	_____

Non-resident dues are invoiced quarterly.

Clergy Membership - No initiation fee required/dues structure same as above

*Member must reside and work outside a 25-mile radius of the club

**Junior Member = under 35 years

Senior Member = 35 years and older

PAIRED MEMBERSHIP

Current members may sponsor one new member and both receive a reduced rate in their prospective categories.

or

Two new members may join the club together as paired members.

Paired memberships expire after two years. The paired memberships automatically revert to regular memberships until a new member is recruited. In the event that your paired member resigns, a new member must be recruited to remain at the paired rate.

PRESS CLUB
at the
UNIVERSITY CLUB OF GRAND RAPIDS



press club

**APPLICATION FOR
MEMBERSHIP**

**111 Lyon NW, Suite 1025
Fifth Third Center
Grand Rapids, MI 49503**

**Telephone (616) 456-8623
Fax (616) 456-8639
Email: mail@uclugr.com**

PRESS CLUB at THE UNIVERSITY CLUB

111 Lyon NW, Suite 1025 / Fifth Third Center / Grand Rapids, Michigan 49503-2414
Telephone (616) 456-8623 / Fax (616) 456-8639

APPLICATION FOR PRESS CLUB AFFILIATE MEMBERSHIP

Date of Application _____ (Please type or print)

Name _____ Firm Name _____

Business Address _____

City, State & Zip Code _____

Business Phone _____ E-mail address (optional) _____

Position _____ Nature of Business _____

Residence Address _____

City, State & Zip Code _____

Residence Phone _____

Date of Birth _____ Place of Birth _____

College Attended _____ Class & Degree _____

Member of Other Clubs (optional) _____

Married ____ Single ____ Spouse's Name _____

Children (Names and Ages- optional) _____

Send statement to: __ Business __ Home

Check one:

____ Press Club Dining

__ Paired _____
Partner Name

____ Athletic/Dining Membership

__ Paired _____
Partner Name

Applicant's Signature

Sponsor

Sponsor

Date / Board Approval _____