

MEMBERSHIP REQUIREMENTS

Prospective members require sponsorship by two current members. Individuals desiring membership must have a minimum of two years college education and 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 office of the Club Manager on behalf of the Board of Directors.

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	_____

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 MEMBERSHIPS

Current member 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. In the event that your paired member resigns, a new member must be found to remain at the paired rate.

APPLICATION FOR MEMBERSHIP



UNIVERSITY CLUB

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

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

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 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 _____

Married _____ Single _____ Spouse's Name _____

Children (*Names and Ages*) _____

Check one:

Send statement to: ___ Business ___ Home

___ Athletic/Dining Membership

___ Paired _____
Partner Name

Applicant's Signature

___ Standard Dining Membership

___ Paired _____
Partner Name

Sponsor

Check, if applicable:

Sponsor

___ Press Club Affiliate

Date / Board Approval _____