

Name Ms. Mrs. Mr. _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

AFFILIATION

Alumnus/a College _____ Year _____

Please bill my first year's dues to my credit card listed below.

Visa MasterCard AmEx

Acct. # _____ Exp. Date _____

Enclosed is a check payable to Harvard University for my first year's dues.

Faculty

University ID# _____

Officer

Department _____

Long-Service Staff

Retiree

University Retiree ID# _____

Other

Affiliation with University _____

Department _____

University ID# _____

OPTIONAL INFORMATION

Spouse/domestic partner Ms. Mrs. Mr. _____

Your birth date _____ Birth date of spouse/domestic partner _____

Anniversary _____

I hereby apply for membership at The Harvard Faculty Club at 20 Quincy Street, Cambridge, MA, and agree to comply with the rules and regulations of the Club now existing or hereafter adopted. I understand that payment is due at the time of each visit for charges incurred.

Signature _____ Date _____

Please return to:

The Harvard Faculty Club, Membership Office
20 Quincy Street, Cambridge, MA 02138

WWW
rev. 12/09

MEMBERSHIP FAX #617-496-8754