THE NORTH CAROLINA STATE UNIVERSITY CLUB

4200 Hillsborough Street Raleigh, NC 27606 (919) 828-0308 www.ncsuclub.com



APPLICATION FOR MEMBERSHIP A \$25.00 non-refundable application fee due at submission Date of Application: ____ / ____ / ____ First Time Applicant Rejoining - Resignation Date: I/we hereby apply for admission to the North Carolina State University Club as follows: Centennial Corporate Partner Alumni Faculty Staff Friends of the University Friends of the University Club Legacy Out of Area **Primary Member:** Name (First, Middle, Last) _____ Date of Birth: / / Gender: Cell Phone Number: ______ Home Phone Number: _____ Email Address: Address: City: State: Zip: Please MAIL my monthly statement to the above address instead of emailing. Primary Member's Occupation/Profession: Employee of NC State University College: _____ Department: _____ Position: ☐ Other Employer: ______ Business Type: _____ Centennial Campus Partner Position: Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number:

Primary Member's Education:

□ NC State Unive	rsity Alumni:	🗌 Undergraduate	Graduate Scho	ool	
College of Study:	□ PCOM □ CHASS	Engineering	□ Natural Resources □ Ag & Life Science		
Degree Received?			Ye	ar Graduated:	
Other:					
University/College: _					
Degree(s):			-		
Family St	atus: 🗌 Single	e 🗌 Married 🗌	Partnered (Please Complete	Domestic Partner	Form)
Spouse/Partner:					
Name (First, Middl	e, Last)				
Date of Birth:	_//_	Gender:	Cell Phone Num	ber:	
Email Address:					
Spouse/Partner's (Occupation/P	rofession:			
Employee of No	C State Univer	sity			
College:			Department:		
Position:					
Other					
Employer:			Business Type:		
Position:				nial Campus Par	tner
Work Address:					
City:		State:	Zip:		
Work Phone Num	oer:				

Spouse/Partner's Education:

□ NC State Unive	rsity Alumni:	🗌 Undergraduate	G	raduate Schoo	ol	
College of Study:	□ PCOM □ CHASS	Engineering			☐ Textiles ☐ Science	□ Design □ University
Degree Received?				Year Gro	aduated:	
Other						
University/College: _						
Degree(s):						
Children: Please lis	t all depender	nt children under the	e age of 25.			
Name (First & Last))		Gender	Birthdate		
Local Scho	ols Attended: _					
Grandchildren:		andchildren under th e complete grandchi	-	at will utilize th	he membership).
Areas of Interest: (Check all that a	apply.				
Tennis Camps	🗌 Golf Camp	s 🗌 Swim Tear	n		Dining	
Unior Tennis					ocial Events	
Adult Tennis	Fitness Clas	ises Club Leac	lership/Involve	ment		
How Did You Hear	About Us: 🗌 🤉	Online/Social Media A	d 🗌 Referral	🗌 Banquet	Event 🗌 Kids C	amps
0 []	ther:					
Referred by Curre	nt Members:				(First a	& Last Name)
Relationships to C	urrent Universit	y Club Members				
Members:			Rela	itionship:		
Members:			Rela	itionship:		

Payment:

Paying Entrance Fee By:	Check	🗌 Cash	Credit Card (3% fee)	
Entrance Fee Amount:		+ \$2	5 Non-Refundable Application Fee	ć

Entrance fee payment is due upon submission of this application and will be processed following membership approval.

I/We hereby agree that upon my/our acceptance as a member(s) of the North Carolina State University Club and payment of the initiation fee, I/we agree to be bound to all bylaws, rules and regulations of the North Carolina State University Club. If we have to pursue you for collections, you are liable for any and all costs related to our efforts including court costs and lawyer fees. The undersigned hereby also releases and discharges the Club, its governors and officers, and every person who furnishes, transmits or processes such information for the purpose herein mentioned from any and all liability for having done so, and this release shall be binding upon candidate's personal representatives, heirs and assigns. I/We give permission to the club to use pictures and video that I/we may be in for the purposes of Club advertising only.

Primary Signature:	Date:
Signature:	Date:
ACCEPTED FOR MEMBERSHIP BY NC STATE UNIV	ERSITY CLUB MANAGEMENT
Signature:	Date:
ACCEPTED FOR MEMBERSHIP BY NC STATE UNIV	ERSITY CLUB BOARD OF DIRECTORS
Signature:	Date:
ACCEPTED FOR MEMBERSHIP BY NC STATE UNIV	ERSITY CLUB MEMBERSHIP COMMITTEE
Signature:	Date:
For Office Use Only:	
Entrance Fee Amount:	Paid On:
Controller's Signature:	Date: