

# DUKE FACULTY CLUB MEMBERSHIP APPLICATION



**Membership Category:**                      Family Membership                      Single Membership

**Eligible Member Information**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Best Phone #: 1: \_\_\_\_\_ 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed by Duke?      No      Yes, if so:      Duke Unique ID: \_\_\_\_\_

Any household member an alumnus of Duke?      No      Yes, graduated in year: \_\_\_\_\_

Email address(s) to be used for billing: \_\_\_\_\_

Email address(s) to be used for club announcements & information: \_\_\_\_\_

Single Membership: Please check this box  if the Single Membership will be for the Eligible Member. If not, please provide the following information:

**Single Member Information**

Name: \_\_\_\_\_ Best Phone #: 1: \_\_\_\_\_ 2: \_\_\_\_\_

Email address to be used for billing : \_\_\_\_\_

Email address to be used for club announcements & information: \_\_\_\_\_

For **Family Membership**, please provide the following information on all the persons that live in your household:

*Household includes all children that qualify as IRS Dependents, as well as persons that reside at the address listed above at least 6 months of the year. Please inquire at the office about membership options for babysitters, nannies, and long-term guests/family staying less than 6 months.*

**Family Member Information**

<u>Relationship</u>	<u>Name</u>	<u>D.O.B (mm/dd/yyyy)</u>
Spouse/Partner		
Dependant/Child		
Dependant/Child		
Dependant/Child		
Dependant/Child		
Dependant/Child		
Other (                      )		
Other (                      )		
Other (                      )		

*I verify that the above information is accurate and will notify the Duke Faculty Club when revisions are needed.*

**Eligible Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you were referred by a current DFC member, please include their name(s) here:* \_\_\_\_\_

**For Office Use Only:**

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ # of ID'S \_\_\_\_\_ Date \_\_\_\_\_ Processed By \_\_\_\_\_

*Please read and sign at the appropriate membership category below:*

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**Family Membership Dues**

The current year's Annual Family Membership Dues shall be payable upon acceptance of the application. The new membership year begins on April 1<sup>st</sup>, at which time the Annual Membership Dues shall be paid in order to maintain membership.

I hereby agree to pay the Faculty Club of Duke University, Incorporated the sum of \$1,000 as my non-refundable membership initiation fee.

I have read and understand the contents of this application. I realize that this information is in the Bylaws and I agree to abide by all Bylaws. I assume any risk for myself or any guest (children or adults) I allow to attend the facilities of the DFC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**House Staff/Post-Doc/Fellow Membership Dues:**

The current year's Annual House Staff/Post-Doc/Fellow Membership Dues shall be payable upon acceptance of the application. If at the end of the membership year the House Staff/Post-Doc/Fellow member's eligibility changes such that they are eligible for Standard Membership, the eligible member then must pay the current year's membership initiation fee and annual dues to maintain active status. The new membership year begins on April 1<sup>st</sup>, at which time the Annual Membership Dues shall be paid in order to maintain membership.

I have read and understand the contents of this application. I realize that this information is in the Bylaws and I agree to abide by all Bylaws. I assume any risk for myself or any guest (children or adults) I allow to attend the facilities of the DFC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Single Membership Dues**

At least one person in the household must be eligible for Duke Faculty Club membership, as defined in the Bylaws; however, any member of the household who is over 18 years of age may be the single member. The current year's Annual Single Membership Dues shall be payable upon acceptance of the application. The new membership year begins on April 1<sup>st</sup>, at which time the Annual Membership Dues shall be paid in order to maintain membership.

I hereby agree to pay the Faculty Club of Duke University, Incorporated the sum of \$700 as my non-refundable membership initiation fee. I understand that if I were to upgrade from a Single Membership to a Family Membership, that I will be required to pay the difference of \$300.

I have read and understand the contents of this application. I realize that this information is in the Bylaws and I agree to abide by all Bylaws. I assume any risk for myself or any guest (children or adults) I allow to attend the facilities of the DFC.

Single Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transient Membership Dues:**

The current year's Annual Transient Membership Dues shall be payable upon acceptance of the application. A Transient Membership can only be granted to those eligible for a transient membership, as defined in the Bylaws. If at the end of the membership year the transient member's eligibility changes such that they are eligible for Standard Membership, the eligible member then must pay the current year's membership initiation fee and annual dues to maintain active status. The new membership year begins on April 1<sup>st</sup>, at which time the Annual Membership Dues shall be paid in order to maintain membership.

I have read and understand the contents of this application. I realize that this information is in the Bylaws and I agree to abide by all Bylaws. I assume any risk for myself or any guest (children or adults) I allow to attend the facilities of the DFC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please read and sign the Cancellation Policy below:*

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**Cancellation Policy**

I understand that I have up to 3 days after the acceptance of my application to cancel my membership and receive a full refund. After 3 days, all dues and membership fees are non-refundable. Upon cancellation, refunds will be issued within 30 business days.

Signature \_\_\_\_\_ Date \_\_\_\_\_