



University Club of Rockford - Application for Membership

Date: _____

Full Name: _____ **Date of Birth:** _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ (required for Membership)

Business: _____ Position: _____

Business Address: _____ Zip: _____

Business Phone: _____

Email Address: _____

Spouse/Partner Full Name: _____ **Date of Birth:** _____

Spouse/Partner Business: _____ Position: _____

Business Address: _____ Zip: _____

Business Phone: _____

Email Address: _____

All Monthly Statements will be emailed unless stated otherwise? _____

Family Members – Children Under 25 Living in Your Home

Name	Relation	Date of Birth

University or College Attended: _____

Class: _____ Course Pursued: _____ Degree Earned: _____

Additional Colleges Attended and Degrees Earned: _____

Spouse/Partner University or College Attended and Degrees Earned: _____

Are you related to a University Club of Rockford member? _____

If so, please give name and relation: _____

I, _____ hereby make formal application to become a member of the University Club of Rockford submitting the above data as to my qualification and certify that the above information is correct.

Applicant's Signature: _____ Date: _____

Sponsored By (Please Print): _____ Date: _____

Sponsor's Signature: _____

Seconded By: _____ Date: _____

Seconded Signature: _____

FOR BOARD OF DIRECTORS

Date presented to the Board of Directors for posting _____, 20_____

Elected Date: _____ Rejected Date: _____

Date Entered in Club Membership Roll: _____ By: _____