

University Club of Rockford

945 N. Main Street Rockford, IL 61103

Phone: 815.962.1730

www.uclubrockford.com

University Club of Rockford - Application for Membership

Date:		
Full Name:		Date of Birth:
Home Address:		_ Zip:
Home Phone:	Cell Phone:	
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 <u>en</u>	nailed unless stated otherwise?	
Family Members – Children Under	r 25 Living in Your Home	
Name	Relation	Date of Birth

Class:	Course Pursued:	Degree Earned:
Additional College	es Attended and Degrees Earned:	
Spouse/Partner U	niversity or College Attended and De	grees Earned:
Are you related to	a University Club of Rockford memb	er?
If so, please give n	name and relation:	
Have you served i	n the Armed Forces?	
What Branch	Wł	nat Years
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Membership 2025 No Monthly Minimum

Initiation Fee:

Member: \$250

Junior Member: (Under 40) \$125

Annual Dues:

Member: \$175.00 / Month Junior Member: \$95.00 / Month