



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: _____

City: _____ Zip: _____

Cell Phone: _____ Home Phone (if different): _____

Email Address: _____

Business: _____ Position: _____

Business Address: _____

Business Phone: _____

University or College(s) Attended: _____

Degree(s) Earned: _____

Have you served in the Armed Forces? _____

What Branch _____ What Years _____

Significant Other Full Name: _____

Cell Phone: _____ Date of Birth: _____

Email Address: _____

Business: _____ Position: _____

Business Address: _____

Business Phone: _____

University or College(s) Attended: _____

Degree(s) Earned: _____

Have you served in the Armed Forces? _____

What Branch _____ What Years _____

Family Members – Children Under 25 Living in Your Home

Name	Relation	Date of Birth

All Monthly Statements will be emailed unless stated otherwise. _____

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 (Please Print): _____ 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: _____