



MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERSHIP

MEMBER INFORMATION (Please Print)

Member Name: _____ Birth Date ____/____/_____(please include year)

Spouse/Significant Other: _____ Birth Date ____/____/_____(please include year)

Preferred Mailing Address: _____

City _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____

Business Telephone Number: (____) _____

Cellular Telephone Number: (____) _____

Fax Number: (____) _____

Email Address: _____

Spouse/Other Email Address: _____

Sponsor Name (if referred): _____

If you were not sponsored, then how did you hear about the club? _____

Dining Room Minimums

A quarterly dining minimum of \$30.00 plus tax will be required for Resident and Resident Senior members. Lunch and dinner in The University Club Dining Room and Bistro and all University Club sponsored events are applied toward the minimum. The quarters are based on the calendar year and end on the last day of March, June, September and December. If you have any questions regarding this application please call 573-882-3709.

Thank you for joining The Club! We hope you enjoy the membership. If at anytime you have questions or concerns regarding your membership, please contact the General Manager at 573-882-2586.

THE UNIVERSITY CLUB

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Columbia MO 65211

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(573) 884-7831 fax

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