

A.W. HARRIS FACULTY ALUMNI CENTER

5323 Harry Hines Blvd. Dallas, Tx. 75390-9097

Telephone: 214-648-2653

Website: www.awharrisfacultyclub.com

PRELIMINARY APPLICATION FOR MEMBERSHIP - FACULTY

ORIGINAL SIGNATURE REQUIRED

RETURN TO MC—9097

Are you an Alumni of SWMS?

Yes _____ No _____

(Name) Please Type or Print

(Home Telephone)

Year of Graduation _____

(Home Address) Street

Apt#

City

State

Zip Code

Dept./ Business Address

Zip / Mail Code

Business Phone

E-Mail

Affiliations that satisfy Membership requirements to the Faculty Club.

1. Faculty _____ Full Time _____ Part-Time _____ Clinical _____

(Department)

(Position)

2. Administrative - _____

(Department)

(Position)

3. Other _____ Specify _____

Have you previously been a member of the A.W. Harris Faculty Alumni Center?

_____ Yes _____ No If Yes, Please give dates _____

Have you held a Membership in any other Faculty Club? (Please Indicate)

_____ Dates _____

I agree to the following if I am accepted into the Membership of the A.W. Harris Faculty Alumni Center:

1. I agree to be of such assistance as I can at all times in promoting the welfare of the Center.
2. I agree to comply with the Club By-Laws and House Rules as they are now or hereafter may be amended.
3. I agree to pay all dues and charges for services, as stipulated in Section VI of the Faculty Club By-Laws. (The member is responsible for payment, not the members Department of UTSWMC)
4. I agree to notify the Faculty Club on a timely basis (IN WRITING) of any changes that might effect my status with the Club or any changes in my affiliation that established my eligibility for Membership. (i.e. Dept/Position, Address/Phone Change)
5. If my membership goes into arrears over 120 days I am aware of a late fee of \$15.00 that will be added each month my account remains past due.
6. I understand that to terminate my membership, it must be IN WRITING to the A.W. Harris Faculty Alumni Club by the 25th of a month as to not be responsible for the next months dues.

Signature _____

Date _____

Billing Contact _____

Please Send all mail to: My Home Address _____ My Business Address _____

Please Do Not Write Below This Line

For Club Use Only

Application Approved _____ Date _____

Category Accepted 10 11 20 21 40 60 90 91

Application Disapproved _____ Date _____

Membership Number _____

(Chairman, Membership Committee)