



VICTORIA UNIVERSITY
 IN THE UNIVERSITY OF TORONTO

**APPLICATION FOR JOINT MEMBERSHIP IN
 THE UNIVERSITY OF TORONTO
 ATHLETICS & RECREATION, THE FACULTY CLUB & HART HOUSE**

NAME	_____
DEPARTMENT	_____
CAMPUS ADDRESS	_____

HOME ADDRESS	_____
EMAIL ADDRESS	_____
OFFICE PHONE NO.	_____
PERSONNEL NO.	

CHECK ONE

I hereby authorize Victoria University to deduct the required dues for the Joint Membership from my monthly salary commencing with the month of

I wish to cancel (effective June 30) my Joint Membership in the above organizations.

I acknowledge that membership is for the annual period July 1 through June 30, and may not be cancelled before the next plan year, or the end of my appointment.

 Staff Member's Signature

 Date