



# RICE UNIVERSITY FACULTY CLUB

6100 Main St. MS-52  
Houston, TX 77005

club@rice.edu • (713)348-4000 • facultyclub.rice.edu

## Voting Members

Faculty

Retired Faculty

## Non-Voting Members

University Staff

Part-time Faculty

Trustees of the University

University Alumni

Board Members of Rice Alumni  
Association

Past President of Rice Alumni Association

University Associates

Retired Staff

## Sponsored Membership

Visiting Faculty

Graduate Students & Postdocs

*\*Departmental memberships also available, please  
contact Kevin Yuen.*

## Personal Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Year Graduated

## Employer Information

\_\_\_\_\_  
Department or Company Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Position / Title

## Supplemental Information

*For Sponsored Memberships:*

I hear by sponsor this applicant for membership:

\_\_\_\_\_  
Department Chairperson or Dean

*Spousal Membership (Voting & Non-Voting Members  
ONLY)*

\_\_\_\_\_  
Spouse's Name

I hereby authorize Rice University to deduct from my paycheck the entire amount of my Faculty Club bill, provided this authorization shall be effective only when at least part of this amount has been unpaid for 45 or more calendar days following the date of the statement in which the past-due amount was first included.

I understand if any part of my bill is unpaid 45 calendar days after the date of the statement including all charges to date, a 10% penalty fee will be added to my Faculty Club account balance before payroll deduction and/or cancellation of membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We will happy to begin processing your application upon receipt of all necessary information and fees. Please allow 3 business days for the membership application to be reviewed and activated.

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Membership No.

\_\_\_\_\_ Date.