



Berkeley, CA 94720-6050

California Alumni Association Member
Faculty Club Application for Membership

Date: _____

Name: _____ Signature: _____

Year Graduated: _____ Discipline Studied: _____

Social Security Number: _____

Home Address: _____

Business Address: _____

Business Phone: _____ Home Phone: _____

E-mail Address: _____

Your membership is sponsored by the California Alumni Association. There is a one time initiation fee of \$250.00 and monthly dues will be \$25.00. This membership will entitle you to all applicable membership discounts. Banquet discount will go into effect after one year of membership. Club members and their guests will be able to use restaurant, bar, conference and hotel facilities.

FOR CLUB USE

Board Approval _____ Date Approved _____

CAA Account Number _____

Date Entered _____ Account Number Assigned _____

General Manager's Signature _____