

University of Oklahoma Health Sciences Center

Faculty House

Phone: (405) 235-8212

601 NE 14th Street

Fax: (405) 232-8340

PO Box 26901

Oklahoma City, Oklahoma 73190

Web Address: www.ouhsc.edu/facultyhouse

Individual Membership Application

****Name** _____ ****Drivers License Number/State** _____

****Home Address** _____ ****Date of Birth** _____

****City/State/Zip** _____ ****Home Phone#** _____ **Cell#** _____

****Email Address(s)** _____

****Mailing Address:** _____ **City/State/Zip** _____

Place of Employment _____ **Office Phone** _____

Business Address (City/State/Zip) _____

Membership Terms

New Membership: An initial membership processing fee of \$54.32 (amount includes current applicable sales tax) **plus** first month dues (see below) must accompany or charged to the credit card provided with this application.

All monthly dues of \$17.92 (amount includes current applicable sales tax) and charges are due and payable upon receipt of monthly statement.

Membership privileges will be suspended on accounts delinquent beyond 60 days. Membership will be automatically terminated on accounts delinquent beyond 90 days by Faculty House management.

Reinstate Membership: To **re-open** a membership, a reinstatement fee of \$81.47 (amount includes current applicable sales tax) plus any unpaid charges/dues at the time the account was closed must be paid in full.

It is agreed that I/we may resign from the Faculty House by giving written notice to the Management. The effective date of the resignation will be the date the Faculty House receives my/our written notice, current month's dues will be charged if request is received after the 15th of the month. Resignation is subject to payment of all outstanding charges. All accrued dues and other charges for which I/we am/are liable are due upon the effective date of resignation.

I have read and understand the above terms of membership.

****Signature** _____ **Date** _____

PLEASE NOTE: **All** accounts are required to enroll in the automatic credit card payment program. **All** information on this application is retained in-house and kept confidential and is only used by management staff.

Please bill dues and sales charges automatically to my credit card on or about the 15th of each month listed below:

****CREDIT CARD INFORMATION:** Visa _____ MasterCard _____ Discover _____ [American Express not accepted]

****Account #** _____ ****Expiration Date** _____ ****3 Digit Sec Code** _____

****Signature** _____ **Date** _____

*Items marked with (**) are required in order to process application*

OFFICE USE ONLY

Date Received _____ Approved by _____ Account Number _____