

☐ *Yes, I accept this invitation to become a member of Campus House.*

I understand my one-time \$130 initiation fee and \$130 annual membership dues are due with this application.

INFORMATION (please type or print):

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: Daytime: _____ Evening: _____

Today's Date: _____ Email: _____

**RETURN THIS FORM
WITH PAYMENT TO:**

Buffalo State
Campus House
1300 Elmwood Avenue
Buffalo, NY 14222-1095
Telephone: (716) 878-3300
Fax: (716) 878-3813

CAMPUS HOUSE MEMBERSHIP

Campus Affiliation (check one): ☐ Faculty ☐ Staff ☐ Emeriti/Retiree ☐ Alumni ☐ Friend: _____

Do you wish to receive promotional mailings/emails on Campus House special events and offerings? ☐ Yes ☐ No

INITIATION FEE METHOD OF PAYMENT (check one):

☐ I have enclosed my one-time initiation fee of \$130 and \$130 for dues (check payable to: *Campus House Club*)

☐ I have enclosed my one-time initiation fee of \$130 and would like my dues automatically deducted from my paycheck (fill out authorization form below)

☐ Please charge my one-time initiation fee of \$130 and \$130 for dues to: ☐ Visa ☐ Mastercard

Card# _____ CVV: _____ Exp. Date: _____

Signature (required): _____

ANNUAL MEMBERSHIP DUES (check one):

☐ I am an employee at Buffalo State and I'd like my \$130 dues deducted automatically from my paycheck. I have filled out the Payroll Deduction Authorization Form below.

☐ Please bill me annually \$130 for dues.

NEW YORK STATE PAYROLL DEDUCTION AUTHORIZATION FORM

☐ Office of Sponsored Programs at Buffalo State

☐ SUNY Campus-Related Foundation Fund, Buffalo State College Foundation Inc.

Employee Name: _____

Deduction: \$5.00 biweekly, not to exceed \$130 annually.

Last four digits of Social Security Number _____ Agency: SUNY Buffalo State University Agency Code: 28160

Check one: ☐ Start ☐ Change ☐ Cancel ☐ Same

To the state comptroller: Pursuant to Section 201 of the State Finance Law, I hereby authorize you to deduct from each biweekly salary check the deduction amount shown, for the purpose of my contributing to a Campus-Related Foundation, and transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by written notice filed with my Payroll Office.

SIGNATURE OF EMPLOYEE

DATE