





INFORMATION (please type or print):	RETURN THIS FORM
Name:	WITH PAYMENT TO:
	Buffalo State
Street:	Zip: 1300 Elmwood Avenue Buffalo, NY 14222-1095 Telephone: (716) 878-3300
Telephone: Daytime: Evening:	
Today's Date: Email:	Fax: (716) 878-3813
CAMPUS HOUSE MEMBERSHIP	
Campus Affiliation (check one): Faculty Staff Eme	eriti/Retiree Alumni Friend:
Do you wish to receive promotional mailings/emails on Camp	us 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 \$13	0 for dues (check payable to: Campus House Club)
☐ I have enclosed my one-time initiation fee of \$130 and would I	ike 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:
	CVV: Exp. Date:
Signature (required):	
ANNUAL MEMBERSHIP DUES (check one):	
I am an employee at Buffalo State and I'd like my \$130 dues tion Authorization Form below.	s deducted automatically from my paycheck. I have filled out the Payroll Deduc-
Please bill me annually \$130 for dues.	
NEW YORK STATE PAYROLL DEDUCTION AUTH	ORIZATION FORM
Office of Sponsored Programs at Buffalo State	
SUNY Campus-Related Foundaton Fund, Buffalo State Co	llege Foundation Inc.
Employee Name:	
Deduction: \$5.00 biweekly, not to exceed \$130 annually.	
I get four digits of Social Sociality Niverban	Agency: SUNY Buffalo State University Agency Code: 28160
Last four digits of Social Security Number	_ , , , ,

SIGNATURE OF EMPLOYEE DATE