



CAMPUS HOUSE

Invitation for Membership



BUFFALO STATE
The State University of New York

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

I understand my one-time \$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 on Campus House special events and offerings? Yes No

MEMBERSHIP FEE METHOD OF PAYMENT (check one):

I have enclosed my one-time \$130 membership dues (check payable to: Campus House Club)

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

Please charge my one-time membership dues for \$130 to: Visa Mastercard or American Express

Card #: _____ CVV: _____ Expiration 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.

Agency: State University College at Buffalo 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