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

♻ 1314-110