

COLLEGE *of* CHARLESTON

Faculty Club Membership Sign-Up Form

Name: _____

Employee ID Number: _____

Department: _____

Office Phone: _____

Home Mailing Address: _____

Home Phone: _____

Cell Phone: _____

I agree to have \$5 taken out of each pay cycle for membership in the Faculty Club, starting the next pay period.

Signature: _____

Date: _____