

UNIVERSITY LADIES CLUB Application for Membership

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City:	State & Zip:
E-Mail Address:	
Cell Phone:	Home Phone:
	Membership Eligibility
of someone holding o this position (self) or	women holding the following positions or the wives, mothers or daughters ne of these positions. In the space to the left, please indicate if it's you who holds your eligible relationship (spouse, daughter, or mother). If you are eligible by rovide their name, title, etc.
Facı	ılty
Full-	time Administrative Staff
Visit	ing Faculty Member
Adm	ninistrative Employee of UT System
Reti	red faculty or Administrative Staff
Reti	red faculty of another college or University
Oth	er (with approval of the Executive Council)
Relationship: (spouse	, daughter or mother)
Name:	
Title:	
Department:	
-1	heard about the University Ladies Club:

Interest groups that I would like to join (Please circle all that apply)

Daytime Book Discussion, Foreign Foods, Walking Adventures, Wine Tasting.

Please forward this application with your check for \$25 payable to University Ladies Club to: Julianne Shively, 6407 Indian Canyon Drive, Austin 78746. You will receive prompt notification when your application is verified. Thank you for your interest in ULC.