



Invitation for Membership



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

I understand my one-time \$100 initiation fee and \$100 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 College
Campus House/Hospitality and Tourism Department
Caudell Hall 207
1300 Elmwood Avenue
Buffalo, NY 14222-1095
Telephone: (716) 878-5913

CAMPUS HOUSE MEMBERSHIP

Campus Affiliation (check one): Faculty Staff Emeriti/Retiree Alumni Other:
Your name and salutation exactly as you would like them to appear on your club card:
Do you wish to have your name listed in the Campus House directory?
Do you wish to receive promotional mailings on Campus House special events and offerings?

INITIATION FEE METHOD OF PAYMENT (check one):

I have enclosed my one-time initiation fee of \$100 and \$100 for dues
I have enclosed my \$100 annual membership dues
Please charge my one-time initiation fee of \$100 and \$100 for dues to: Visa Mastercard
Card # Expiration Date:
Signature (required):

ANNUAL MEMBERSHIP DUES (check one):

I am an employee of Buffalo State and I'd like my \$100 dues deducted automatically from my paycheck.
Please bill me annually \$100 for dues.

NEW YORK STATE PAYROLL DEDUCTION AUTHORIZATION FORM

SUNY Campus-Related Foundation Fund, Buffalo State College Foundation Inc.

Employee Name:
Deduction: \$3.85 biweekly, not to exceed \$100 annually.
Social Security Number: 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