



"There Are More Good Times To Be Had."

**Yale University Staff
and Faculty Membership Application**
(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Date of Birth: _____

Yale Employment Information

Which department or school? _____

Annual Dues \$25.00 ***A valid credit card is required to activate your membership.

Auto-pay is a very efficient means for members to pay their bills. By providing your credit card information you agree to be part of our auto-pay program, which covers your charges incurred at the club and annual membership dues. You can opt out of the program by calling or emailing our membership coordinator.

***Credit Card Information: _____ Exp: _____

The information above is true and correct. If elected to membership, I agree to observe and abide by the Bylaws, Rules, and Regulations of the Mory's Association, Inc. By submitting my credit card information, I am also registering for Auto-Pay. I understand that Mory's will keep my credit card information on file and run it at the end of each month to pay my balance.

Signature _____ Date _____

The Mory's Association, Inc.
306 York Street, New Haven CT 06511
Phone: 203-562-3157 Fax: 203-562-8893
Email: membership@morys1849.org