



Procurement Services

SAM'S CLUB MEMBERSHIP FORM

<hr/>		
Name <i>(printed)</i>	Middle Initial	Last Name
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Employee's SMU ID #	Campus Phone	E-mail address
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SMU School Name/Department / Program	Permanent Employment Status: Full-time Part-time	
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6570- SMU <u>Fund</u> and <u>Organization</u> ID number for Membership Fee: \$35.00		
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Campus Street Address	Building Name/Room Number	Campus PO Box Number
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Personal Home Address	City/State/Zip Code	Home Telephone
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Employee's Signature		Date Signed
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Supervisor's Name <i>(printed)</i>	Campus Phone	E-mail Address
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Supervisor's Signature		Date Signed
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Financial Officer's Name <i>(printed)</i>	Campus Phone	E-mail Address
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Financial Officer's Signature		Date Signed
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Please return completed for to Sarah Rincon, Procurement Services, PO Box 750416 or deliver to 6116 N. Central Expressway, Suite 205

11/30/07