

## Cornell University Faculty and Staff Membership Application

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cornell ID: \_\_\_\_\_ Soc.Sec. #: \_\_\_\_\_

Mr.  Mrs.  Miss  Ms.  Dr. Name: \_\_\_\_\_  
Last First Middle

Undergraduate College/School: \_\_\_\_\_ Class: \_\_\_\_\_

Graduate College/School: \_\_\_\_\_ Class: \_\_\_\_\_

Address	Home Address: _____
	City: _____ State: _____ Zip: _____
	Title/Position: _____ Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired
	Business Name: _____
	Business Address: _____
	City: _____ State: _____ Zip: _____

Please send mail to:  Home  Business

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- This application is for myself, as described herein.
- I wish to have signing privileges for my spouse/domestic partner (\$150 annually).

Spouse/Domestic Partner Name: \_\_\_\_\_

In view of my place of residence and employment (see Club definitions of Resident, Suburban and Non-Resident in member information), I apply for:  Resident  Suburban  Non-Resident membership.

**I understand that you may verify the information on this application, including requesting reports from consumer reporting agencies. I hereby make application for membership in The Cornell Club-New York and agree to comply with the by-laws and house rules of the Club and to pay bills when due.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Referred by (Optional): \_\_\_\_\_ Membership Number: \_\_\_\_\_

Primary reason for joining: \_\_\_\_\_

How did you hear about The Club? \_\_\_\_\_

**Billing Information:**

I understand that once this application for membership is approved, I will be billed for the quarterly dues for each quarter, unless I state that I would prefer annual billing. The Club operates on a fiscal year (7/1-6/30).

I acknowledge that my Initiation Fee will be WAIVED and my Membership Dues will be \$\_\_\_\_\_/year.

I would like my dues billed: (please check one)       Quarterly       Annually

<b>Please list a credit card for the billing of the membership dues each quarter/year. House charges will be billed monthly and a statement will be mailed to you. House charges may be paid by check or credit card.</b>			
<b>Credit Card Type:</b> (please circle one)	<b>MasterCard</b>	<b>VISA</b>	<b>Diner's Club</b>
<b>Card #:</b> _____	<b>Exp. Date:</b> _____		

I understand that my membership dues will automatically be charged to the above credit card account for THE CORNELL CLUB-NEW YORK. This automatic charge will remain in effect until I cancel my membership in writing and return my membership card in conformance with the House Rules and Regulations.

I authorize my credit card to be charged for my membership dues payment by the method indicated above and posted to my account. I understand that my membership dues will be charged to my credit card on the last week of each quarter or fiscal year effective the date of account activation.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cancellation Policy:** (please read and initial below)

SHOULD I WISH TO TERMINATE MY MEMBERSHIP, I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL DUES AND CHARGES THROUGH THE CURRENT QUARTER. I UNDERSTAND THAT ALL RESIGNATIONS MUST BE IN WRITING AND DELIVERED EITHER IN PERSON, OR SENT CERTIFIED OR REGISTERED MAIL. SHOULD I WISH TO REJOIN THE CLUB, THERE WILL BE A REINSTATEMENT CHARGE.

**Initials:**