

Cornell Family Member Reinstatement Application

Name of Cornellian: _____ Cornell ID: _____
Undergraduate/Graduate College/School: _____ Class: _____

Applicant's Information:

Date of Birth: ___/___/___ Soc.Sec. #: _____

Mr. Mrs. Miss Ms. Dr. Name: _____
Last First Middle

Undergraduate Institution: _____ Class: _____

Previous Membership Number _____

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 reinstatement fee (a non-refundable deposit) and 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 Reinstatement Fee will be \$ _____ (one half of annual dues) and my Membership Dues will be \$ _____/year.

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

Please list a credit card for the billing of the reinstatement fee and 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.

Credit Card Type: (please circle one) MasterCard VISA Diner's Club

Card #: _____ **Exp. Date:** _____

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: