

Cornell University Faculty/Staff Reinstatement Application

Applicant Information:

Mr. Mrs. Miss Ms. Dr. Name: _____
Last First Middle
Date of Birth: ____/____/____ Cornell ID#: _____ Soc.Sec. #: _____ (Required)
Undergraduate College/School: _____ Graduation Year: _____
Graduate College/School: _____ Graduation Year: _____

Residence & Employment:

Home Address: _____
No. and Street Address City State Zip Code
Home/Cell Phone Number: _____ E-Mail: _____
Employment Status: Active Retired
Business Name: _____ Title/Position: _____
Business Address: _____
No. and Street Address City State Zip Code
Business Phone Number: _____ Fax Number: _____

Please send mail to: Home address Business address

This application is for myself, as described herein.

I wish to have signing privileges for my spouse/domestic partner (\$150, billed annually).

Spouse/Domestic Partner's Name: _____

In view of my place of residence and employment (see Club definitions of Resident, Suburban and Non-resident in Membership 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:

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 Reinstatement Fee will be waived 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 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 select one) MasterCard VISA Diner's Club AMEX
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:

BY SIGNING BELOW, I ACKNOWLEDGE MEMBERSHIP IS CONTINUOUS. 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 VIA FAX OR MAIL WITH MY SIGNATURE.

APPLICANT'S SIGNATURE:

DATE:

Referred by (optional): _____ Membership Number: _____

Primary reason for joining: _____

How did you hear about The Club? _____