

THE CORNELL CLUB

N E W Y O R K

Business Associates of Club Members

Members of The Cornell Club New York may nominate Business Associates for membership in the Club. To do so, members must endorse a membership enrollment form, which is to be completed by the Business Associate who is applying for membership.

What Your Membership Includes:

- **Member access to Club amenities including dining, programs, guest rooms, and meeting rooms**
- **Membership to the Health & Fitness Center**
- **Guest access to The Club's reciprocal network**

Membership dues are based on the applicant's undergraduate graduation year and current place of employment and residence. **Initiation Fee** is 100% of the first year's dues and is a one-time, non-refundable fee, in addition to the first year's dues.

All dues, Club charges and the Initiation Fee are subject to New York Sales Tax.

Annual Membership Dues

Years out of College*	Age Equivalent for Non-College Graduate Applicant**	Annual Dues
Less than four	21-24	\$322
Four-Six	25-27	\$486
Seven-Nine	28-30	\$725
Ten-Eleven	31-32	\$1,065
Twelve or more	33+	\$1,595

*Years since graduation from undergraduate institution, whether or not it was from Cornell University.

**Non-college graduate applicants: use age equivalent as graduation year. Assumes graduation would have been at age 21.

How to Join The Club:

Complete all sections of the following one-page application and mail, fax, or email it to the below address/fax. Once processed, the Membership Office will contact you with your membership account number. Please allow about one week for the membership application process.

Email: membership@cornellclubnyc.com

Fax: 212.986.9543

Phone: 212.692.1380

The Cornell Club-New York
6 East 44th Street
New York, NY 10017



A Platinum Club of America®

Business Associate Application

Member Sponsor Name: _____ Membership Number: _____

Applicant Information:

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

Date of Birth: ____/____/____ Soc.Sec. #: _____ (Required)

Undergraduate 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 (\$185, billed annually).

Spouse/Domestic Partner Name: _____

Billing Information:

I understand that once this application for membership is approved, I will be billed for the initiation 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 Initiation Fee will be \$ _____ 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 one time initiation 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 AMEX

Card #: _____ Exp. Date: _____ Security Code: _____

• 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.

• 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: _____

Cancellation Policy: (please read and sign below)

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. SHOULD I WISH TO REJOIN THE CLUB, THERE WILL BE A REINSTATEMENT CHARGE.

APPLICANT'S SIGNATURE: _____

DATE: _____

Referred by (optional): _____ Membership Number: _____

Primary reason(s) for joining: Moved / Travelling More to NYC Convenience Networking Social Club Programs
 Meeting Space Dining Guest Rooms Health & Fitness Center Affinity Other: _____

How did you hear about The Club? _____