## **Graduating Senior Membership Application - Affiliate Schools**

| Applicant Information:  |   |                                      |   |                              |                            |  |
|---|---|--------------------------------------|---|------------------------------|----------------------------|--|
| Mr. Ms. Name:   | Last  | Firs                                 | t   | Mid                          | dle                        |  |
| Date of Birth://_   |   |                                      |   |                              |                            |  |
| Soc.Sec. #:   | (required)  |                                      |   |                              |                            |  |
| Undergraduate College/School:   | : Graduation Year:  |                                      |   |                              |                            |  |
| Residence & Employment:   |   |                                      |   |                              |                            |  |
| Home Address:   |   |                                      |   |                              |                            |  |
| No. and   | d Street Address ( Including Apt. #)  |                                      | City  | State                        | Zip Code                   |  |
| Home/Cell Phone Number:   |   | _ E-Mail:                            |   |                              |                            |  |
| Business Name:  | Title/Position:   |                                      |   |                              |                            |  |
| Business Address:   |   |                                      |   |                              |                            |  |
|   |   |                                      |   | State                        | 1                          |  |
| Business Phone Number:  |   | _ Fax Number:                        |   |                              |                            |  |
| Please send mail to: Home a   | ddress Business addres  | s                                    |   |                              |                            |  |
| In view of my place of residence as information), I apply for: Res  I understand that you may verify the hereby make application for membor Club and to pay bills when due.                             | ident Suburban memb e information on this applicati                                     | ership.<br>on, including reque       | esting reports from co  | onsumer reporti              | ng agencies. I             |  |
| APPLICANT'S SIGNATURE:  |   |                                      | DATE:   |                              |                            |  |
| <b>Billing Information:</b> I understand that once this applicat fiscal year (July 1-June 30) and my Membership will automatically be address.  | payment covers me through the   | he end of the fiscal                 | year. Upon the start  | of the next fisc             | al year my                 |  |
| Please list a credit card for the billi<br>billed monthly and a statement will<br><b>Credit Card Type:</b> (please circle<br><b>Card #:</b>   | be mailed to you. House char  |                                      |   |                              | es will be                 |  |
| I understand that my membership of NEW YORK. This automatic charge conformance with the House Rules I authorize my credit card to be chard understand that my membership of date of account activation. | ge will remain in effect until I of<br>and Regulations.<br>arged for my membership dues | cancel my members s payment by the m | edit card account for<br>ship in writing and re<br>ethod indicated abov | turn my member and posted to | ership card in my account. |  |
| PPLICANT'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: |
|------------------------|-------|
|------------------------|-------|

**Resident:** Employment OR residence is within Manhattan.

Suburban: Employment AND residence is outside of Manhattan.

Non-Resident: Both employment AND residence are beyond a 50-mile radius of Columbus Circle.