

# THE CORNELL CLUB

N E W Y O R K

## Cornell University Faculty & Staff Membership Information

Faculty and Staff of Cornell University who work more than 20 hours a week for the University either on the Cornell Campus in Ithaca or in other areas are eligible to join The Cornell Club at a discounted membership rate. In addition to a personal membership, members of the Faculty and Staff doing business for the University may [upon request] also be assigned a non-dues paying tax exempt membership number, which should be used when using the club for tax exempt activities.

### 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.

All dues and Club charges are subject to New York Sales Tax.

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

**Suburban:** Employment **AND** residence is outside of Manhattan. Applicant neither works nor resides in Manhattan.

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

### Annual Cornell Alumni Membership Dues

Years out of College*	Resident	Suburban	Non-Resident
Less than four	\$195	\$107	\$94
Four-Six	\$285	\$150	\$131
Seven-Nine	\$428	\$226	\$179
Ten-Eleven	\$623	\$330	\$259
Twelve or more	\$933	\$485	\$381

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

### 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](mailto: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®

# Cornell Faculty & Staff Reinstatement Application

## Applicant Information:

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

Previous Membership Number: \_\_\_\_\_

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 ☐ Business

☐ 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: \_\_\_\_\_

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.

## 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 Reinstatement 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:**

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: \_\_\_\_\_

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

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