

# THE CORNELL CLUB

N E W Y O R K

## Family Members of Cornellians

Membership in The Cornell Club-New York is open to individuals, age 21 or older, who are parents, children, siblings, or other close relatives of Cornellians.

### 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.

**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

<b>Applicant's Years out of College*</b>	<b>Resident</b>	<b>Suburban</b>	<b>Non-Resident</b>
Less than four	\$322	\$171	\$150
Four-Six	\$486	\$251	\$211
Seven-Nine	\$725	\$377	\$304
Ten-Eleven	\$1,065	\$560	\$438
Twelve or more	\$1,595	\$810	\$647

\*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 scan and it 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®

# Family of Cornellians Application

Name of Cornellian: _____	Cornell ID: _____
Relation to Applicant: _____	Class: _____

**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: \_\_\_\_\_

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 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:** \_\_\_\_\_

Primary reason(s) for joining:    Moved    Travel to NYC    Convenience    Networking    Social    Club Programs  
 Meeting Space    Dining    Guest Rooms    Health & Fitness Center    Affinity    Other: \_\_\_\_\_

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

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