

Graduating Senior Membership Application - Business Associate

Mr. Ms. Name: _____
Last First Middle

Date of Birth: ____/____/____

Soc.Sec. #: _____ (required)

Undergraduate College/School: _____ Graduation Year: _____

Residence & Employment:

Home Address: _____
No. and Street Address (Including Apt. #) City State Zip Code

Home/Cell Phone Number: _____ E-Mail: _____

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

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 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 \$150 for my membership. The Club operates on a fiscal year (July 1-June 30) and my payment covers me through the end of the fiscal year. Upon the start of the next fiscal year my Membership will automatically be converted to a category based on my undergraduate graduation year, and home and business address.

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/CVC:** ____/____

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: (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: