Graduating Senior Membership Application - Business Associate

Last First Middle	Mr. Ms. Name:						
Soc. Sec. #:	ivii. ivis. ivanie.		First		Middle		
Residence & Employment: Home Address	Date of Birth://_						
Residence & Employment: Home Address: No. and Street Address (Including Apt. #) City State Zip Code	Soc.Sec. #:	(required)					
Home Address: No. and Street Address (Including Apt. #) City State Zip Code	Undergraduate College/School:		Graduation Year:				
Home Address: No. and Street Address (Including Apt. #) City State Zip Code	Residence & Employment						
Business Name: Business Address: No. and Street Address Fax 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: Billing Information: I understand that once this application for membership is approved, I will be billed \$250 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(VC: 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 accivation.	2 0						
Business Name: Rusiness Address: No. and Street Address Fax Number: Fax Numbe	No. and	d Street Address (Including Apt. #)		City	State	Zip Code	
Business Address: No. and Street Address	Home/Cell Phone Number:		E-Mail:				
Business Address: No. and Street Address	Business Name:		Title/Posi	tion:			
Business Phone Number: Fax Num				· ·			
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	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:

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.