

# 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.

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 for 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 waived 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:** \_\_\_\_\_ **Sec. 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.

**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? \_\_\_\_\_