

APPLICATION FOR MEMBERSHIP REINSTATEMENT

Please return your completed reinstatement application to the address or fax number listed above.

Payment is required with application.

Please refer to attached dues schedule or contact a Membership Associate for appropriate amount to enclose.

PERSONAL INFORMATION

All information given on this application, including your social security number, is used for verification purposes.

The Columbia Club will never distribute this information to a third party.

Dr. Mr. Mrs. Ms. Other _____ Male Female Date of Birth _____ / _____ / _____
First Name _____ Last Name _____ Social Security # _____ - _____ - _____
Last Name when enrolled at Columbia (if different than above) _____

HOME INFORMATION

Home address _____
City _____ State _____ Zip _____ Country _____
Telephone _____ Fax _____
E-mail (if different from business) _____
 Check here to use your home address for Club mail

BUSINESS INFORMATION

Name of employer _____ Your title/position _____
Business address _____
City _____ State _____ Zip _____ Country _____
Telephone _____ Fax _____
E-mail _____
 Check here to use your business address for Club mail

PAYMENT INFORMATION

All payments for membership must include 8.875% New York Sales Tax added to both dues and initiation fees. Dues will be prorated according to our fiscal year beginning on September 1.

Upon acceptance I understand that my payment method will be processed and that if payment is denied due to insufficient funds I will be held liable for that amount and any penalties thereof.

Membership is non-refundable and non-transferable.

I elect to pay via:

American Express MasterCard VISA Check Enclosed (amount) \$ _____
(Please make check payable to The Columbia University Club of New York)

Card Number _____ Expiration Date _____

If elected to membership in The Columbia University Club of New York by its Admission Committee,
I agree to support and abide by the enclosed House Rules of the Club.
I understand that if I wish to resign/discontinue my membership, I must do so in writing.

Signature _____ Date _____