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Membership Application

Name:	Date of Birth:	Sex:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Other _____		S.S.#
Please indicate type of membership: <input checked="" type="checkbox"/> Undergraduate at Columbia		
Is this a Reinstatement		<input type="checkbox"/> <input checked="" type="checkbox"/>

Undergraduate Record

College / University	Class of:	Degree:
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Current School Address

Mail is to be sent here
 I want my Membership card mailed left at front desk

Employer (if working):		Title:	
School Address:		Suite/Floor:	
City:	State:	Country:	Zip:
E-mail:	Phone:	Fax:	

Parents' Address

Mail is to be sent here

Address:		Apt:	
City:	State:	Country:	Zip:
E-mail:	Phone:	Fax:	

Parent Information

Name:	Occupation:		
Address:	City:	State:	
Zip:	Apt:	Daytime phone:	
Undergraduate School:	Class of:	Degree:	

If elected to membership by the membership committee, I Agree to Support and abide by the house rules as set forth by the Columbia Club.

Signature: _____ Date: _____