

APPLICATION FOR MEMBERSHIP

Please return completed application with payment
to the address or fax number below.

A. PERSONAL INFORMATION

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Sex ☐ Male ☐ Female

Name _____

Last name when enrolled at Columbia (*if different than above*) _____

Social Security Number _____ - _____ - _____

Date of birth _____

*All information given on this application, including your
social security number, is used solely for verification
purposes. The Columbia University Club will never
distribute this information to anyone.*

B. SCHOOL INFORMATION

If you are an Undergraduate: Current School _____ Expected Year of Graduation: _____

Year you received your undergraduate degree _____

Institution that granted that degree ☐ Columbia (which school?) _____

☐ Other _____

Year you received your graduate degree _____

Institution that granted that degree ☐ Columbia (which school?) _____

☐ Other _____

If you have received advanced degrees from other institutions (or multiple advanced degrees from Columbia), please provide the institution, the degree, and the year it was received.

C. BUSINESS INFORMATION

Check here ☐ if you wish us to use your business address for your Club mail

Name of employer _____

Your title/position _____ Occupation Code _____

see list on reverse

Business address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____

E-mail _____

D. HOME INFORMATION

Check here ☐ if you wish us to use your home address for your Club mail

Home address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____

E-mail (if different from above) _____

The Columbia University Club of New York
15 West 43rd Street • New York, NY 10036
Tel: (212) 719-0380 • Fax: (212) 944-6944
info@columbiacub.org • www.columbiacub.org

Check here ☐ if you wish a separate membership card for your spouse or partner. There is an additional annual fee for spousal/partner privileges. If you do not wish a separate spouse card, please skip to Section F.

E. SPOUSE/PARTNER INFORMATION

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____ Sex ☐ Male ☐ Female

Name _____

Social Security Number _____ - _____ - _____ Date of birth _____

Undergraduate school _____ Year _____ Degree _____

Graduate school _____ Year _____ Degree _____

Mailing address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____

E-mail _____

Please bill the annual \$85 spouse fee to ☐ the member's account ☐ the spouse's account

F. REASONS FOR JOINING

Please briefly indicate your reasons for seeking membership in The Columbia University Club of New York

How did you hear about us? _____

Please indicate what facilities you intend to use frequently

- ☐ Overnight rooms ☐ Formal dining room ☐ Bar & Grill ☐ Conference rooms/Banquet facilities
- ☐ Library ☐ Members' lounge ☐ Athletic Facilities ☐ Business Center

In which types of Columbia University Club events are you most interested?

- ☐ Theater outings ☐ Sporting events ☐ Lectures at the Club ☐ Author appearances ☐ Museum trips ☐ Concerts/recitals
- ☐ Events on Columbia's campus ☐ Social gatherings/parties ☐ Business/career events ☐ Other _____

PAYMENT INFORMATION

Payment is required with application and must include 8.875% New York Sales Tax added to both dues and initiation fee. Please refer to attached dues schedule for amount or contact a Membership Associate. Dues will be prorated according to our fiscal year, which begins on September 1.

For credit card payers, cards will be charged each year unless advised by you in writing to the contrary. For cash payers, credit card information is requested to ensure your membership from lapsing due to non-payment of dues.

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 into membership in the Columbia University Club of New York by its Admissions Committee, I agree to support and abide by the by-laws of the Club. I also understand that I will become an Associate Member of the Princeton Club of New York and agree to support and abide by the by-laws and house rules as set forth by the Princeton Club. I understand that if I wish to resign/discontinue my membership, I must do so in writing and that I will continue to be responsible for any outstanding house charges as well as annual dues pro-rated to the date of that resignation.

Applicant's signature _____ Date _____

OCCUPATION CODES

- | | | | | | |
|---|--|---|---------------------------------|--------------------------------------|-------------------------|
| 1. Accounting | 15. Consulting | 28. Farming | 39. Interior Design | 56. Pharmacy | 70. Shipping |
| 2. Actuary | 16. Construction | 29. Food/Beverage production | 40. Investment Banker | 57. Photography | 71. Social work |
| 3. Administration | 17. Clergy | 30. Food/Beverage retail | 41. Journalism | 58. Physics | 72. Student (full time) |
| 4. Advertising | 18. Data processing | 31. Fund-raising | 42. Labor relations/arbitration | 59. Printing | 73. Tax counseling |
| 5. Architecture | 19. Department store | 32. Graphic Arts | 43. Law enforcement | 60. Production of goods or materials | 74. Technical writing |
| 6. Armed Forces | 20. Economics | 33. Government | 44. Lawyer | 61. Psychoanalyst | 75. Transportation |
| 7. Banking/Finance | Education | 51. Health Care Practitioner (nurse, physician, etc.) | 45. Law assistant | 62. Psychologist | 76. Travel |
| 8. Business (privately owned) | 83. Columbia Administration | 34. Health Care/Hospital Administration | 46. Library | 63. Public Relations | 77. Urban Affairs |
| 9. Business information services | 22. Administration (other than Columbia) | 35. Hotel/Restaurant | 47. Machinery/Machine parts | 64. Public Utilities | 78. Vocational guidance |
| 10. Chemistry | 84. Columbia Faculty | 55. Human Resources | 48. Manufacturing | 65. Publishing | 79. Volunteer organizer |
| 11. Chiropractic | 23. Faculty (other than Columbia) | 36. Import/Export | 49. Marketing | 66. Real estate | 80. Writer |
| 12. Creative arts (music, theater, art, etc.) | 25. Electronics | 37. Industrial Design | 50. Mathematics/Statistics | 67. Retired | 81. Other _____ |
| 13. Communications | 26. Editor | 38. Insurance | 52. Media | 68. Sales | |
| 14. Computers | 27. Engineer | | 53. Operations research | 69. Scientific research | |
| | | | 54. Optician | | |