



MEMBERSHIP APPLICATION

THIS IS A COMMON APPLICATION FOR THE COLUMBIA UNIVERSITY CLUB AND THE PENN CLUB.

***PLEASE CONSIDER MY APPLICATION FOR MEMBERSHIP IN:**

The Columbia University Club The Penn Club Both Clubs

*Membership in the Columbia University Club is a Penn Club membership requirement.

Dr. Mr. Mrs. Ms. **APPLICANT'S FULL NAME:** _____

Full Name When Enrolled (if different from above): _____

Affiliation:* _____ Organization: **CUCNY** Year: _____

*Alumnus/Alumna; Current Student; Faculty/Staff/Board or Committee Member of Columbia; Parent; Grandparent; Brother; Sister; Child or Grandchild of Alumnus/Alumna. If applying as Family Member list alumnus/alumna name, class year and relationship above.

CUCNY Club#: _____

EMPLOYMENT/PROFESSIONAL INFORMATION (all information required)

Firm/Employer: _____ Title: _____

Address: _____
CITY STATE ZIP

Business Phone: () _____ Business Fax: () _____

PERSONAL INFORMATION (all information required)

Address: _____
CITY STATE ZIP

Home Phone: () _____ Email: _____

Home Fax: () _____ Cell Phone: () _____

Marital Status: Single Married Please send all correspondence to: Business Home

Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

CLUB INFORMATION

Did a member refer you? No Yes, by (whom) _____

SPOUSE MEMBERSHIP

If you wish to receive a separate spouse membership, please complete the following section

Dr. Mr. Mrs. Ms. **FULL NAME:** _____

Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

Daytime Telephone: () _____ Email: _____

Wedding Anniversary: ____ / ____ / ____ Cell Phone: () _____

more on other side

PALESTRA FITNESS CENTER MEMBERSHIP

For an additional yearly fee, members may add the Palestra Fitness Center to their account.

New members of the Palestra are provided two (2) complimentary Fitness Evaluation/
Personal Training Sessions.

Palestra dues are billed quarterly based on a yearly contract, and charged to your house
account upon entrance to The Penn Club.

- Yes, I will join the Palestra Fitness Center. Upon entry, charge the account for:
 myself my spouse

PAYMENT INFORMATION

(Payment must be submitted with application.)

CREDIT CARD: (REQUIRED even if paying by check.)

American Express MasterCard VISA Check No. _____ Amount \$ _____

Applicant/Cardholder Name (REQUIRED): _____

Credit Card Number (REQUIRED): _____

Exp.Date: _____

- I authorize the Club to automatically bill my credit card for membership dues on a yearly basis.*

All payments for membership must include 8.875% New York State Sales Tax added to both dues and
initiation fees. Dues will be pro-rated according to our fiscal year (July 1st to June 30th). Please make checks
payable to The Penn Club. A valid credit card number must be provided for processing and verification of
application. Membership is non-refundable and non-transferable. Please allow two weeks for processing of
application. **Application must be completed IN FULL WITH PAYMENT to be processed.**

I hereby apply for membership, and authorize the Club to make any necessary inquiries on the information listed on
this application. If elected into membership, I agree to support and abide by the by-laws and house rules as set forth
by the Club of New York. I authorize the Club of New York to charge my credit card on file for payment of house
charges that are 90 days past due, including any applicable finance fees.

Applicant/Cardholder Signature (required): _____ Date: ____ / ____ / ____