



COLUMBIA
UNIVERSITY
CLUB

NEW YORK



SUMMER MEMBERSHIP APPLICATION

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

SUMMER MEMBERSHIPS ARE AVAILABLE TO FULL-TIME UNDERGRADUATE AND GRADUATE STUDENTS AGE 21 OR OVER

For full-time students under age 21, please join as Summer Palestra Member (different application).
The graduating class of 2018 may join as regular members and are not eligible for summer memberships.

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

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

Affiliation: _____ School: _____ Year: _____

SUMMER MEMBERSHIP FOR FULL-TIME STUDENTS AGE 21 OR OVER

May 1 through August 31, 2018

\$150 plus tax includes gym access

To access the Palestra Fitness Center, please complete the Informed Consent Release Form on page 2.

SUMMER 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: _____ - _____ - _____

PAYMENT INFORMATION

(Payment must be submitted with application.)

CREDIT CARD:

American Express MasterCard VISA

Applicant/Cardholder Name (REQUIRED): _____

Credit Card Number (REQUIRED): _____ Exp. Date: _____

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

Please complete side 2

THE COLUMBIA UNIVERSITY CLUB • THE PENN CLUB

30 West 44th Street | New York, NY 10036

Phone 212.403.6627 | Fax 212.403.6616 | membership@columbiaclub.org



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SUMMER MEMBERSHIP APPLICATION

All payments for membership must include **8.875%** New York State Sales Tax added to both dues and initiation fees. 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 Penn Club of New York to make any necessary inquiries about the information on this application. I certify that I am currently a FULL-TIME student and am 21 years of age or older. If elected into membership, I agree to support and abide by the by-laws and house rules as set forth by The Penn Club of New York. I agree to provide The Penn Club of New York with my current mailing address and contact information when I move for timely billing and payment of my bills. I authorize The Penn 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.

INFORMED CONSENT RELEASE FORM

PLEASE READ AND SIGN THE FOLLOWING:

I, the undersigned, wish to use the Palestra at The Penn Club, managed by Plus One Health Management, Inc. ("Plus One"), and I understand that the use of the Palestra is at my own risk.

I also understand there exists the possibility of certain changes occurring during exercise. They include abnormal blood pressure, rapid or slow heart beat, and in certain instances cardiac complications.

I agree that The Penn Club and Plus One shall not be liable or responsible for any injuries to me or changes in my physical condition resulting from my use of the Palestra during my exercise session.

I expressly release and discharge The Penn Club and Plus One and their principals, employees, agents and assigns from all claims, actions, and judgments which I or my heirs, executors, administrators and assigns may have or claim to have against The Penn Club and Plus One and / or their principals, employees, agents and assigns, for all injuries or other damage which may result from my use of the facility. This release shall be binding upon me, my heirs, executors, administrators and assigns.

The Penn Club and Plus One shall not be liable for the disappearance, loss or theft of, or damage to my personal property including money, negotiable securities, furs or jewelry even though such property may be lost, disappear, stolen, or damaged while stored in lockers located within the Palestra.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. This release shall apply to all my visits to the Palestra.

Name : _____ Member Number : _____

Signature : _____ Date : _____

The Palestra is able to provide you with a free subscription to the popular "Better Letter" wellness internet newsletter:

Enter your e mail address here: _____ Check one: text html

I would like to receive other health and fitness information: Check one: Yes No

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