



# AFFILIATE MEMBERSHIP APPLICATION

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: \_\_\_\_\_

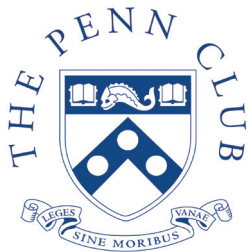
Wedding Anniversary: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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## THE PENN CLUB

30 West 44th Street | New York, NY 10036

Phone 212.403.6627 | Fax 212.403.6616 | membership@pennclubny.org



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## 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 Penn 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 Penn Club of New York 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 Penn Club of New York. 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.

Applicant/Cardholder Signature (required) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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