



| Dear Membership Coordinator,  |               |              |
|---|---------------|--------------|
| l,  |               |              |
|   | (FULL NAME)   |              |
| regret to inform you of my intent to resign from the Columbia University Club of New York.  |               |              |
| The reason for my resignation is (please select all that apply):  |               |              |
| ☐ I don't use the Club  | ☐ I am moving | Dissatisfied |
| □Other  |               |              |
|   |               |              |
|   |               |              |
| Resignation effective date:   |               |              |
| I understand that my membership account will not be closed until all outstanding annual dues or other charges are paid in full. I also understand that I am responsible for all penalties and fees incurred while my membership account remains open.   |               |              |
| Signature:  |               |              |
| Membership ID Number:   | C             | Date:        |
| Membership automatically renews on July 1 for a 12-month period. If a member does not wish to renew his or her membership, this form or some other form of written notification (which may be sent via regular mail to us at P.O. Box 3351 I New York, NY 10163-3351, or via e-mail to membership@columbiaclub.org) must be received no later than May 31 of the current membership year. A resignation will only be accepted if the member has made payment in full for any outstanding dues and fees. |               |              |
| Membership Contact Information Address: P.O. Box 3351   New York, NY membership@columbiaclub.org   T: 212.  |               |              |

Please return this form to:

THE COLUMBIA UNIVERSITY CLUB OF NEW YORK

P.O. Box 3351 | New York, NY 10163-3351