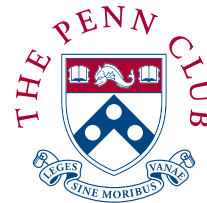


# MEMBERSHIP APPLICATION



Dr.  Mrs.  Mr.  Ms. **APPLICANT NAME:** \_\_\_\_\_

**FULL NAME WHEN ENROLLED** (if different from above): \_\_\_\_\_

**AFFILIATION** (check one):

Alumnus  Current Student  Faculty/Staff/Board/Committee Member  Executive Education Student

Family Member of Alumnus: Alumnus Name \_\_\_\_\_ Relationship \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **YEAR** \_\_\_\_\_ **PROGRAM** (check all that apply):

Full-time  Part-time  Degree  Certificate

**PERSONAL INFORMATION** (required):

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Marital Status (check one):  Single  Married Date of Birth (mm/dd/yyyy): 

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Social Security Number 

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**EMPLOYMENT / PROFESSIONAL INFORMATION** (required):

Employer \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

**CLUB HISTORY:**

Were you previously a member of the Penn Club?  No  Yes: Member # \_\_\_\_\_ Year(s) \_\_\_\_\_

Did a member refer you?  No  Yes, I was referred by (member name): \_\_\_\_\_

**PARTNER MEMBERSHIP** (additional cost)

Dr.  Mrs.  Mr.  Ms. **NAME** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth 

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 Social Security Number 

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**PAYMENT INFORMATION**

Payment must be submitted with application. Credit card information is **REQUIRED** even if paying by check.

American Express  MasterCard  Visa  Check (Number) \_\_\_\_\_ (Amount) \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Card Number \_\_\_\_\_ 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 beginning July 1st to June 30th. Please make checks payable to The Penn Club. 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 as well as to the University of Pennsylvania and/or any other educational institution to evaluate my 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 SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Send completed application to [dale@williamsclub.org](mailto:dale@williamsclub.org) OR mail to  
Applications . The Williams Club · 30 West 44th Street · New York, NY 10036 ·  
212.697.5300