MEMBERSHIP APPLICATION

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

FULL NAME WHEN ENROLLED _____ *(if different from above)*

AFFILIATION Wharton Executive Education **SCHOOL** _____ **YEAR** _____
(1st Penn degree, if multiple)

Alumnus; Current Student; Faculty/Staff/Board or Committee Member of Penn; Parent; Grandparent; Brother, Sister; or Child of Alumnus; Executive Education Student. If applying as Family Member of Alum, list alumnus name, class year and relationship above.

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: _____ Home Fax: _____

Email: _____ Cell Phone: _____

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

Date of Birth: _____ Social Security Number: _____

CLUB INFORMATION:

Were you previously a member of the Penn Club? No Yes, from _____ to _____ Member # _____

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: _____ Wedding Anniversary: _____

Email: _____ Cell Phone: _____

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 three (3) 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 information REQUIRED even if paying by check.)

American Express MasterCard VISA Check (Number and Amount) _____

Credit Card Number (required) _____ Exp. Date _____

All payments for membership must include **8.375%** 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's Signature (required) _____ Date _____

The Penn Club • 30 West 44th Street • New York, NY 10036 • Phone (212) 403-6627• Fax (212) 403-6616 • membership@pennclub.org

Print Form Reset Form