

MEMBERSHIP REACTIVATION FORM

NAME	1	MEMBER # SCHOOLYEAR		
AFFILIATION	SCHOOL	YEA	\R	
EMPLOVMENT/PROFESSIONAL	INFORMATION (IF UPDATES A	RENEEDED).		
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City, State, Zip:				
Business Phone: ()Bu	usiness Fax: ()	
PERSONAL INFORMATION (IF U	JPDATES ARE NEEDED):			
City, State, Zip:				
	Home Fax			
Email:				
		ondence to 🖂 Busine	ess 🗆 Home	
Marital Status: Single Mari Date of Birth: /	/ Please send all correspo / Social Sec			
Date of Birth:/ SPOUSE MEMBERSHIP:	/ Social Sec	curity Number:	<u> </u>	
Date of Birth:/ SPOUSE MEMBERSHIP: If you wish to receive a separate	/ Social Sec	curity Number:	<u> </u>	
Date of Birth: / SPOUSE MEMBERSHIP: If you wish to receive a separate □Dr. □Mr. □Mr. □Mrs. □Ms. FULI	/ Social Sec spouse membership, please comp 2 NAME	curity Number:		
Date of Birth:/ SPOUSE MEMBERSHIP: If you wish to receive a separate □Dr. □Mr. □Mrs. □Ms. FULI Date of Birth:/	/ Social Sec spouse membership, please comp 2 NAME / Social Sec	curity Number: elete the following sec curity Number:	 ction	
Date of Birth:/ SPOUSE MEMBERSHIP: If you wish to receive a separate □Dr. □Mr. □Mrs. □Ms. FULI Date of Birth:/ Daytime Telephone:(/ Social Sec spouse membership, please comp 2 NAME	curity Number: elete the following sec curity Number: Anniversary:	 ction	
Date of Birth:/ SPOUSE MEMBERSHIP: If you wish to receive a separate □Dr. □Mr. □Mrs. □Ms. FULI Date of Birth:/ Daytime Telephone:(/ Social Sec spouse membership, please comp 2 NAME Social Sec Wedding A	curity Number: plete the following sec curity Number: Anniversary:	 ction	
Date of Birth:/ SPOUSE MEMBERSHIP: If you wish to receive a separate □Dr. □Mr. □Mrs. □Ms. FULI Date of Birth:/ Daytime Telephone:(Email:	/ Social Sec spouse membership, please comp 2 NAMESocial Sec Wedding A	curity Number: olete the following sec curity Number: Anniversary: ATION		
Date of Birth: /	/ Social Sec spouse membership, please comp / NAME / Social Sec Wedding A PAYMENT INFORM. with application. CREDIT CARD i	curity Number: olete the following sec curity Number: Anniversary: ATION information REQUIR		
Date of Birth:/ SPOUSE MEMBERSHIP: If you wish to receive a separate DDr. DMr. DMrs. DMs. FULI Date of Birth:/ Daytime Telephone:(Email: (Payment must be submitted v Credit Card #	/ Social Sec spouse membership, please comp 2 NAMESocial Sec Wedding A 	curity Number: olete the following sec curity Number: Anniversary: Anniversary: ATION information REQUIR ect to changes in tax rate Exp. Date	 ction / / ED even if paying by che	

All payments for membership must include **8.875%** New York State Sales Tax added to both dues and initiation fees. If paying by check, please make 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 up to two weeks for processing of application. **Application must be completed WITH PAYMENT to be processed.**

I hereby apply for membership reactivation. If elected into membership, I agree to support and abide by the bylaws 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. I understand all paid dues and initiation fees are non-refundable.

Signature