

STUDENT SEMESTER AFFILIATION 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):

Social Security Number

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 (optional):

☐ Dr. ☐ Mrs. ☐ Mr. ☐ Ms. **NAME** _____ **EMAIL** _____

Phone _____ Date of Birth Social Security Number

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 _____

All payments must include **8.875% New York State Sales Tax**. Please make checks payable to The Penn Club. Valid credit card number must be provided for processing and verification of application. 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, 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, 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 membership@pennclubny.org

THE PENN CLUB · 30 West 44th Street · New York, NY 10036 · 212.764.3550 · pennclub.org