

March 2009

FAX (212)-297-0014

The Dartmouth Club of NY - MEMBERSHIP APPLICATION

(as an Associate Member of The Yale Club - 50 Vanderbilt Ave., NY, NY 10017)

NAME: (M) _____
(Last) (First) (Initial)

Date of Birth: _____

Would you like to arrange **Signing Privileges** for your spouse? Yes [] No []
(for only \$95 per year)

COLLEGE RECORD

Undergraduate Degree: _____ Year: _____

Graduate Degree: _____ Year: _____

Extracurricular Activities at Dartmouth: _____

BUSINESS ADDRESS

HOME ADDRESS

Employer _____

Street _____

Floor/Suite _____

City _____

State _____ Zip _____

Tel Number _____

Fax Number _____

Title _____

Street _____

Apartment _____

City _____

State _____ Zip _____

Tel Number _____

Fax Number _____

E-mail _____

SEND INVOICES TO: BUSINESS [] HOME []

Emergency Contact: Name _____ Phone # _____

Option – Use credit card to join	CIRCLE ONE
Card No: _____	AMEX VISA MC Exp: / /

Signature: _____

Date: _____

OFFICE NOTATION ONLY

Dues Type: _____ Dues Charged: \$ _____

Date Elected: _____ Entrance Fee: \$ _____

Dartmouth Fee/Assess: \$ _____

Account Number: _____ Payment Received (incl. tax): \$ _____