



HARVARD CLUB of New York

35 West 44th Street, New York, NY 10036-6645 • www.hcny.com

Eligibility for membership in the Club is subject at all times to the Club's by-laws and the rules of the Admissions Committee.

Date _____

TO THE SECRETARY OF THE ADMISSIONS COMMITTEE:

Candidate's Name in Full (Please indicate - Mr., Mrs., Ms., Dr., etc.) _____ School and Year _____

I desire to apply for (Please refer to Category of Membership on the back of application.)

Resident Membership Suburban Membership Non-Resident Membership

How did you hear about the Harvard Club of New York City?

Web Walk-in Referral
 Event Advertisement Mailing

Other: _____

If a faculty member, officer, holder of a University appointment, or a member of any board or committee of Harvard University, please list position and dates:

From: Mo. _____ Yr. _____

To: Mo. _____ Yr. _____

THE CANDIDATE:

Name in full: _____

Surname at University: _____

Harvard University ID #(if known): _____

Gender: Male Female

Date of Birth(mm/dd/yy): _____

Social Security Number: _____

Occupation/Title: _____

Name and Address of Firm or Employer:

_____ Zip+4 _____

Tel: _____ Fax: _____

E-Mail: _____

Residence: _____

_____ Zip+4 _____

Tel: _____ Fax: _____

E-Mail: _____

Send official communication to: Office Residence

Name of Spouse or Partner: _____

Is he or she a member of the Club? _____

Have you ever been: Previously proposed for membership?
 A member of the Club?
 A summer member?

In case of emergency, contact: _____

Phone: _____

EDUCATIONAL HISTORY:

Undergraduate:

College: _____

Class of: _____

Attended From: Mo. _____ Yr. _____

To: Mo. _____ Yr. _____

Degree Received: _____
(if none received, please state circumstances)

Graduate and Post Graduate:

University: _____

Department: _____

Class of: _____

Attended From: Mo. _____ Yr. _____

To: Mo. _____ Yr. _____

Degree Received: _____
(if none received, please state circumstances)

University: _____

Department: _____

Class of: _____

Attended From: Mo. _____ Yr. _____

To: Mo. _____ Yr. _____

Degree Received: _____
(if none received, please state circumstances)

I hereby authorize the Admissions Committee to make any necessary inquiries to Harvard University to verify the information on this application.

CANDIDATE'S SIGNATURE: _____

CLASSES OF MEMBERSHIP

RESIDENT: Members having a residence or a regular place of business or place of employment in the five boroughs of New York City.

SUBURBAN: Members having a residence or a regular place of business or place of employment within a radius of 50 miles* of the Club House, but not within the five boroughs of New York City.

NON-RESIDENT: Members having neither a residence nor a regular place of business or place of employment within a radius of 50 miles* of the Club House.

REQUIREMENTS OF THE ADMISSIONS COMMITTEE

A candidate for resident or suburban membership must meet at least two members of the Committee.

A candidate for non-resident membership must meet at least one member of the Committee.

The Committee cannot act on a candidate's application until the candidate has met the requisite number of Committee members.

The Committee may require that any candidate meet additional members of the Committee or submit references to aid it in better appraising the candidate's interest in the Club and the University.

All communication should be sent to the Secretary of Admissions Committee at 35 West 44th Street, New York, NY 10036-6645.
Telephone (212) 827 1203 Fax (212) 827 1260.

**Determined by a Hagstrom 50 Mile Radius Map.*