

NEW MEMBER APPLICATION

For security purposes, please include a photo with your application.

Name		
School/Chapter	Degree	Year of Graduation
Please provide the name of two If you do not have sponsors, please con	-	-
Sponsor	Sponsor	
How did you learn about the Deke Club of N	ew York?	
Professional Information	Per	sonal/Home Information
Title	Address	
Employer	City, State ZIP	
Address	Date of Birth	
City, State ZIP	Marital Status/S	Spouse's Name
Telephone	Telephone	
Email	Email	
	an "Athletic Package" v 7 (plus tax) per month being \$42.35 for gradua 14.12 for graduates of <i>kage in order to have it</i> aletic Package to your	which includes unlimited use of the a. (That monthly fee is reduced for ates of the class of 2021, \$28.23 for the classes of 2023 or 2024.) added to your membership. Tembership (\$140 per quarter).
	NT TO () BUSINESS () s () MasterCard () Vis	

Credit Card Number____

__Expiration___

Dues will be prorated according to the month in which you join. Please make checks payable to The Yale Club of New York City.

I hereby submit an application for membership to The Delta Kappa Epsilon Club of New York and, if accepted, agree to abide by its bylaws and house rules.