



The Delta Kappa Epsilon Club
of New York

NEW MEMBER APPLICATION

Please include a photo with your application.

Name

School/Chapter

Degree

Year of Graduation

*Please provide the name of two Deke Club of New York members as sponsors.
If you do not have sponsors, please contact the Deke Club Office to schedule an interview.*

Sponsor

Sponsor

How did you learn about the Deke Club of New York?

Business Information

Personal/Home Information

Title _____

Address _____

Employer _____

City, State Zip _____

Address _____

Telephone _____

City, State Zip _____

Email _____

Telephone _____

Date of Birth _____

Email _____

Marital Status/Spouse's Name _____

SEND STATEMENT TO () BUSINESS () HOME
() American Express () MasterCard () Visa () Check

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.***

Signature _____ Date _____