



15 West 43rd Street, New York, NY 10036
Tel: (212) 596-1240 Fax: (212) 596-1351
memb@princetonclub.com
www.princetonclub.com

SETON HALL CLASS OF 2009 APPLICATION FOR MEMBERSHIP

Please return your completed application to the address or fax number listed above.

Payment is required with application.

PERSONAL INFORMATION

All information given on this application, including your social security number, is used for verification purposes.

The Princeton Club will never distribute this information to anyone.

Mr. Mrs. Ms. Other _____ Sex Male Female Date of Birth _____
First Name _____ Last Name _____ Social Security # _____ - _____ - _____
E-mail _____ Cell Phone # _____

Which type of Princeton Club events are you most interested?

- Theater outings Sporting events Lectures at the Club Author appearances Museum trips
 Concerts/recitals Events at Princeton's campus Social gatherings/parties Business/career events Other

SCHOOL INFORMATION

Expected undergraduate degree year _____ 2009 _____

Major: _____

HOME/PARENTS INFORMATION

Parent's Name _____
Parent's Undergraduate School _____
Address _____
City _____ State _____ Zip _____ Country _____
Telephone _____ Fax _____
E-mail _____

PAYMENT INFORMATION

Payment is required with application.

All payments for membership must include 8.375% New York Sales Tax added to both dues and initiation fees. Dues will be prorated according to our fiscal year beginning on September 1. Membership is non-refundable and non-transferable.

Type of Card **VISA** **MASTERCARD** **AMERICAN EXPRESS**
Name on Credit Card _____
Account Number _____ Expiration Date _____ 3 digit code _____
Billing Address _____
City _____ State _____ Zip _____ Country _____
Telephone _____ Fax _____

*If elected to membership in The Princeton Club of New York by its Admission Committee,
I agree to support and abide by the enclosed House Rules of the Club.
I understand that if I wish to resign / discontinue my membership, I must do so in writing.*

Signature _____ Date _____