

The Course at Yale

MEMBERSHIP APPLICATION

Please print all information

Name _____

Spouse or Domestic Partner Name *(if family membership)* _____

Children's Names and Birthdays *(if family membership)* _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Cell _____

Email Address _____

Spouse or Domestic Partner Email Address *(if family membership)* _____

University Affiliation

Department/Year of Graduation _____

University Mailing Address _____

City _____ State _____ Zip _____

University Telephone _____

No University Affiliation

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Telephone _____

Membership Types *(please check appropriate box)*

Full Access Membership Limited Access (15 Units) (30 Units)

Limited Access/Gift (2 Units) Retiree Membership

Corporate Membership Patron

Membership Fee: _____

Initiation Fee *(if applicable)*: _____

Total Amount Enclosed: _____

AMEX, Visa, Master Card # _____ Exp. Date _____

Make checks payable to Yale University and send to:

THE COURSE AT YALE

MEMBERSHIP SERVICES • PO BOX 208216 • NEW HAVEN, CT 06520-8216

For further information contact

Kathie Heisig, *Director of Membership Services*, at 203 392-2306