

New York Athletic Club Membership Proposal



Office Use Only

Proposal Date _____ Circulation Month _____

Candidate Age _____

Incentive Program _____

BOARD OF GOVERNORS

The undersigned Membership Committee member(s) have interviewed the candidate/applicant and, by signature below, attest to the applicant's qualifications for NYAC membership.

Signature of Committee Member _____

Print Name in Full _____

Interview Date _____ Audit No. _____

All membership categories have the right to propose or endorse candidate(s) for NYAC membership, except for **Child of Member (16 and 17) Athletic Member, Olympic Medalist. *Membership in this category precludes one from voting at meetings and elections of the club, to receive notice of meetings and elections, to hold office in the Club, to act as proxies for other voting members, and to participate in any distribution of the assets of the Club in the event of dissolution.**

CANDIDATE PROFILE (Completed by proposed candidate)

I. MEMBERSHIP DESIRED (Please check **one** category that applies. All membership categories are individual)

_____ **Resident** (A Resident member shall be one who has or utilizes a place of residence or a place of business not more than a radius of 100 miles from the Club House in the City of New York or who has a place of residence further than 100 miles but who chooses to be a Resident member)

_____ ***Associate** (Between the ages of 18 and 30. Membership rates vary accordingly)

_____ ***Non-Resident** (A Non-Resident member shall be one who does not have a place of Residence or a place of business within a radius of 100 miles from the Club House in the City of New York. In the event that a member has a residence or place of business within a radius of 100 miles from the Club House in the City of New York **and** a residence or place of business beyond a radius of 100 miles from the Club House in the City of New York the member shall be considered to be a Resident member)

_____ ***Special (Spouse)** (Reserved for spouses of Resident members; Spouse of a member must provide copy of marriage license to qualify; The Spousal initiation fee must be paid if the primary member has ceased membership within three consecutive years.) Please indicate you acknowledge above policy Yes No

In the event that married applicants in different membership classes are elected at the same time and wish to avail of the spousal discount, the elder of the two applicants must be deemed to be the primary member and initiation fees applicable to the primary member's class of membership shall be in effect.

Signature _____

_____ ***Athletic** (Individuals competing for the NYAC and submitted by the Athletic Chairman)

Club Athlete Club Athlete (Non-Resident) Elite Athlete Elite Athlete (Non-Resident)

Coach Athlete **Indicate Sport** _____

If you are an Elite Athlete (Non-Resident) or Club Athlete (Non-Resident) (one who does not have a place or residence or a place of business within a radius of 100 miles from the Club House in the City of New York), please indicate Yes No

_____ ***Child of Member** To qualify, a parent **MUST** be the Proposer and must have been a member of the NYAC for more than a 12-month period.

_____ ***Military Service** See Military Request Form for full policy details and requirements.

_____ ***Clergy** (Any person whose primary vocation is serving as an active member of the Clergy.)

II. CANDIDATE INFORMATION

Completion of this form does not confer any rights of membership or use of the Club's facilities. All information is considered personal and confidential.

A. PERSONAL

Prefix _____ First Name _____ Middle Initial _____ Last Name _____

Suffix _____ DOB _____ Age _____

Home Address _____ City, State, Zip _____

Apt. No _____ E-mail _____

Home Phone _____ Cell Phone _____

How long have you resided at this address? _____

If less than two years, list previous address _____

(If you are not a U.S. citizen, all endorsers must write letters of recommendation on your behalf)

Marital Status: Single Married Widowed

Have you submitted a proposal form for NYAC membership in the past? Yes No, what year? _____

Please advise why you did not proceed with membership? _____

B. BUSINESS

Name of Business/Employer _____ Length of Employment _____
Business Address _____ City, State, Zip _____
Business Phone _____ Business E-mail _____
Industry _____ Job Title _____
Job Function (please be specific) _____
Previous Employer(s)/Provide Dates
1. _____
2. _____
Business Reference (Full Name, Title and Phone) _____

C. EDUCATION

High School _____ Graduation Month/Year _____
College _____ Degree and Month/Year _____
Graduate School _____ Degree and Month/Year _____
Other School _____ Month/Year _____

III. OTHER ACTIVE CLUB AFFILIATIONS

List club memberships (e.g. private, country, golf) in which you are currently a member.

1. Name _____ Location _____ Date Joined _____
2. Name _____ Location _____ Date Joined _____

Please list current social, service, fraternal and professional affiliations.

1. Name _____ Location _____ Date Joined _____
2. Name _____ Location _____ Date Joined _____

IV. FAMILY

A. SPOUSE (Make sure to include a copy of your marriage license if applying as a spouse of a member for full membership)

Is your Spouse currently an individual NYAC member or in the process of applying? Yes No

If yes, please indicate which of the two. _____

Prefix _____ Spouse Full Name _____ Date of Marriage _____
Address (Same as Spouse) _____ Other _____
DOB _____ E-mail _____
Home Phone _____ Cell Phone _____

B. CHILDREN

Full Name _____ DOB _____ Age _____
Full Name _____ DOB _____ Age _____
Full Name _____ DOB _____ Age _____
Full Name _____ DOB _____ Age _____

V. OTHER

Reason for seeking membership at the NYAC.

How did you first get introduced to the NYAC? (Check only one)

- Family are members Friends or associates are members
- Competed in an NYAC athletic competition
- Through a reciprocal club
- Walked in or drove by the Club
- I heard about the Club from: Social Media _____ Web _____ Publications _____
- Other, please explain _____

If you have previously been to the Club please indicate what primary activity you engaged in? (Check only one)

- Invited by a NYAC member to use the athletic or dining facilities - List which facility: _____
- Invited by a NYAC member to a Club event - List which event: _____
- Attended a business or social event - List which event: _____
- Stayed in an overnight guest room
- Other, please explain _____

VI. SPECIAL INTERESTS Check all that apply, some of the items listed may not be currently available, however, with your input and participation, we hope to offer many additional activities, events and groups in the future.

- | | | |
|---|---|---|
| <input type="checkbox"/> Alumni/Corporate/Networking Events | <input type="checkbox"/> Dining <input type="checkbox"/> City House <input type="checkbox"/> Travers Island | <input type="checkbox"/> Guest Rooms |
| <input type="checkbox"/> Junior Programs | <input type="checkbox"/> Reciprocal Clubs | <input type="checkbox"/> Fitness Classes |
| <input type="checkbox"/> Intra Clubs | <input type="checkbox"/> Squash | <input type="checkbox"/> Catering/Banquet |
| <input type="checkbox"/> Fitness & Wellness | <input type="checkbox"/> Social Events | <input type="checkbox"/> Athletic Events |
| <input type="checkbox"/> Aquatics <input type="checkbox"/> City House <input type="checkbox"/> Travers Island | <input type="checkbox"/> Travers Island | <input type="checkbox"/> Tennis |

I consent to a \$3 per month voluntary contribution to the Club’s Rehabilitation Program Yes No

I consent, upon election into the Club, that my full name be published as a new member in the Club’s monthly magazine, The Winged Foot Yes No

Please note each month you will receive your membership statement via e-mail format to the e-mail address listed in this proposal form unless otherwise requested. Notifications regarding the Club’s Annual Meeting and Special Meetings will be mailed to your primary USPS mailing address on this proposal form unless otherwise requested. By selecting “yes” you authorize these notifications to be sent via electric mail to the primary e-mail listed in this proposal. Yes No

Candidate Authorization to Disclose and Release Information

I hereby authorize the release and disclosure of information to the Membership and Executive staff of The New York Athletic Club for the purpose of investigating my character, background and financial condition. A consumer report and/or investigative consumer report may be requested in connection with this membership proposal. By signing this proposal, the prospective member consents to and authorizes the applicable reporting agency or agencies to provide such report(s) to the NYAC, in connection with this proposal, during membership and for any request of reinstatement, to the extent permitted by applicable laws and regulations.

I certify that, to the best of my knowledge, the foregoing information that I have provided is correct. I understand that any misrepresentation shall be cause for denial of further consideration or forfeiture of membership, as applicable. If elected to membership in the New York Athletic Club, I agree to abide and be bound by all By-Laws, House Rules and the Constitution, as available for review on t he NYAC web site.

Signature of Candidate _____ Date _____

PROPOSER QUESTIONNAIRE (to be filled out by PROPOSER)

Proposer MUST be a member of the Club for a period of **more than 12 months**. Proposer **MUST** write a **letter of recommendation** on behalf of the candidate.

I. GENERAL INFORMATION

Proposer's Full Name _____ Audit No. _____

Proposer's Membership Category _____ Election Year _____

Proposer's Primary E-mail _____ Cell Phone _____

A. I have known the candidate for _____ years. Candidate's spouse for _____ years.

Candidate's children for _____ years.

B. The relationship is business family neighbor social other.

C. Have you proposed or endorsed other candidates? Yes No

D. Have you informed the nominee of the financial requirements associated with being a member? (This includes, but is not limited to; initiation fee, membership dues, operating assessments, food and beverage minimum, rehabilitation fee and social or athletic fees) Yes No

II. CANDIDATE AND PROPOSER SUBMISSION CHECKLIST

Please ensure all requirements listed below are complete.

Fully signed candidate and proposal form including endorsers' signatures

Letter of Recommendation(s) written by Proposer. (If the candidate is not a U.S. citizen, proposer and both endorsers must write letters of recommendation).

Applicable supporting paperwork for the applicant's membership category:

Spouse - Marriage License

Child of Member/Associate Legacy - Birth Certificate

Military - Completed Military Request form, copy of current orders, and copy of current Leave and Earnings Statement

Clergy - Primary vocation documentation

Submit the application to the membership office by e-mail to membershipservices@nyac.org, mail or drop off at the Membership Office located (12th floor) 180 Central Park South, New York, NY 10019-1562.

I hereby propose _____
(Please list candidate's full name)

Signature of Proposer _____ Date _____

FIRST ENDORSER QUESTIONNAIRE (to be filled out by ENDORSER ONE)

Endorser MUST be a member of the Club for a period of **more than 12 months**. Although endorsers are not required to submit a letter of recommendation on behalf of the nominee, they are welcome to do so.

I. GENERAL INFORMATION

Endorser's Full Name _____ Audit No. _____

Endorser's Membership Category _____ Election Year _____

Endorser's Primary E-mail _____ Cell Phone _____

A. I have known the candidate for _____ years. Candidate's spouse for _____ years.

Candidate's children for _____ years.

B. The relationship is business family neighbor social other.

C. Have you proposed or endorsed other candidates? Yes No

I hereby endorse _____
(Please list candidate's full name)

Signature of Endorser _____ Date _____

SECOND ENDORSER QUESTIONNAIRE (to be filled out by ENDORSER TWO)

Endorser MUST be a member of the Club for a period of **more than 12 months**. Although endorsers are not required to submit a letter of recommendation on behalf of the nominee, they are welcome to do so.

I. GENERAL INFORMATION

Endorser's Full Name _____ Audit No. _____

Endorser's Membership Category _____ Election Year _____

Endorser's Primary E-mail _____ Cell Phone _____

A. I have known the candidate for _____ years. Candidate's spouse for _____ years.

Candidate's children for _____ years.

B. The relationship has been business family neighbor social other.

C. Have you proposed or endorsed other candidates? Yes No

I hereby endorse _____
(Please list candidate's full name)

Signature of Endorser _____ Date _____