

# The Course at Yale

## MEMBERSHIP APPLICATION

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*Please print all information*

Name \_\_\_\_\_

Spouse or Domestic Partner Name *(if family membership)* \_\_\_\_\_

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

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Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Email Address \_\_\_\_\_

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

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*University Affiliation*

Department/Year of Graduation \_\_\_\_\_

University Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

University Telephone \_\_\_\_\_

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*No University Affiliation*

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Business Telephone \_\_\_\_\_

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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: \_\_\_\_\_

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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