



STUDENT MEMBERSHIP APPLICATION
(Please Print)

Name: _____

Permanent Home Address: _____
Street City/State Zip

Yale/Business Mailing Address: _____
Street City/State Zip

Phone: Home _____ Cell _____

Email: _____ Date of Birth: _____

***Credit Card Information:** _____ **Exp:** _____
***Your valid credit card is required to activate your membership**

Categories of Membership:

Yale Student Class Year: _____ Residential College: _____

Yale Graduate Student Class Year: _____ School: _____

One-time dues payment of \$15.00 until graduation.

The information above is true and correct. If elected to membership, I agree to observe and abide by the By-laws, Rules and Regulations of The Mory's Association, Inc.

Signature _____

The Mory's Association, Inc.
306 York Street, New Haven CT 06511
Phone: 203-562-3157 Fax: 203-562-8893
Email: membership@morys1849.org
Website: www.morysclub.org