

# THE HARVARD CLUB OF CHICAGO

Tel: 1-847-256-1211 ✦ P. O. Box 350, Kenilworth, IL 60043-0350 ✦ Fax: 1-847-256-5601  
Web Site: www.harvardclubchicago.org ✦ Email: membership@harvardclubchicago.org

## MEMBERSHIP RENEWAL FORM: FY20 (JUL 1, 2019 - JUN 30, 2020)

### PERSONAL INFORMATION:

Please neatly write or print the following information. Thank you.

Full Name:

Spouse/Sig. Other's Name:

Harvard Degree(s) Year(s):

Undergraduate:

Graduate:

Spouse/Sig Other's Harvard Degree(s) Year(s):

Undergraduate:

Graduate:

Home Phone: ( ) - Work Phone: ( ) - Cell: ( ) -

Preferred Email:

### MEMBERSHIP SELECTION:

- |   |                      |   |
|---|----------------------|---|
| <input type="checkbox"/> One-Year <b>Recent Graduates</b> | <b>Complimentary</b> | Alums who earned Harvard Degree in 2015-2019, inclusive |
| <input type="checkbox"/> One-Year <b>Regular</b>          | <b>\$45</b>          | Open to all Alumni/ae and Parents                       |
| <input type="checkbox"/> <b>Lifetime Membership</b>       | <b>\$1,350</b>       |   |

**Note:** A "Joint Membership" is available at no additional charge to couples when both individuals are an alumnus/a of Harvard University. To qualify, fill in the spouse/significant other's degree and year information above. Parents also qualify for joint memberships

- (OPTIONAL) Add HBSCC Privileges **+\$10** Must be a member of the Harvard Club of Chicago. Opting for HBSCC (Harvard Business School Club of Chicago) privileges grants access to all **HBSCC** communications and member pricing to many of their events **EXCEPT** for **HBSCC member only** events. Note, this does NOT make you a member of HBSCC.

**To pay by check, please fill in the following and mail this form with your check to the club office at the address above.**

*(The Harvard Club of Chicago is a 501 (c) 3 organization, FEIN: 36-6110239)*

➔ Enclosed is my check for \_\_\_\_\_ for the items indicated above.

➔ Please charge \$\_\_\_\_\_ for the checked items to my credit card: \_\_Discover, \_\_VISA, or \_\_Master Card

Card No. \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ month/year

CVV code: \_\_\_\_\_

*(Please fax credit card payments to the HCC office at 847-256-5601)*