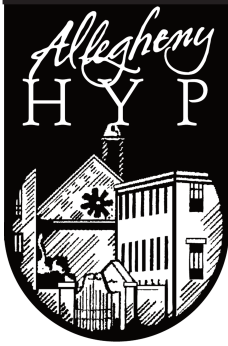


M E M B E R S H I P A P P L I C A T I O N



NAME OF APPLICANT

TITLE

COMPANY

BUSINESS ADDRESS

CITY/STATE/ZIP

BUSINESS TELEPHONE

BUSINESS FAX

EMAIL

WEBSITE

HOME ADDRESS

CITY/STATE/ZIP

HOME TELEPHONE

BIRTH DATE

SPOUSE'S NAME

MEMBERSHIP CLASS

WHERE WOULD YOU LIKE YOUR STATEMENTS SENT? [] BUSINESS ADDRESS [] HOME ADDRESS

ACADEMIC AND PERSONAL ACHIEVEMENTS

UNDERGRADUATE DEGREE

SCHOOL AND YEAR

GRADUATE DEGREE

SCHOOL AND YEAR

MEMBERSHIPS

STATUS

- [] ACCEPTED
- [] INELIGIBLE
- [] PENDING

MEMBERSHIP NUMBER

EFFECTIVE DATE

MASTERCARD VISA AMERICANEXPRESS

ACCOUNT #

EXPIRATION DATE

SPONSORING MEMBER

MEMBERSHIP #

IF ELECTED TO MEMBERSHIP, I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ALLEGHENY HYP CLUB. PAST DUE BALANCES MAY BE CHARGED TO MY CREDIT CARD IN THE CASE OF RESIGNATION.

SIGNATURE OF APPLICANT

DATE