

# *The New York Literary Society, Ltd.*

The Difference In Knowing

## Membership Application

# The New York Literary Society, Ltd.

The Difference In Knowing

## Application For Membership

---

### Personal Data

Legal name: \_\_\_\_\_  
*Last/Family                      First                      Middle                      Jr., etc                      Gender*

Marital status: \_\_\_\_\_ Former last name(s) if any: \_\_\_\_\_

You are applying as a  new member  return member Date membership was forfeited \_\_\_\_\_

Permanent home address: \_\_\_\_\_  
*Number and Street*

\_\_\_\_\_

Phone at mailing address: (\_\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_  
*Area Code                      Number                      Area Code                      Number*

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

Birthdate: \_\_\_\_\_ Citizenship:  U.S./dual U.S. citizen specify other citizenship: \_\_\_\_\_

U.S. Permanent Resident visa Citizen of \_\_\_\_\_  Other Citizenship: \_\_\_\_\_ / \_\_\_\_\_  
*Country                      Visa Type*

Are any of your friends, family members, or associates members of NYLS? \_\_\_\_\_. If yes, list name of member and relationship. \_\_\_\_\_

What area of NYLS are you most interested in? \_\_\_\_\_ or undecided

How did you hear of NYLS? \_\_\_\_\_

Type of membership desired:  Student  Basic  Associate  Family  Senior  Corporate

-----  
**The following items are optional and do not impact the membership determination process.**

Place of birth: \_\_\_\_\_ SSN# if any: \_\_\_\_\_  
*City                      State                      Country*

First language, if other than English: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

If you wish to be identified with a particular ethnic group, please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> African American, Black   | <input type="checkbox"/> Mexican American, Chicano         |
| <input type="checkbox"/> Native American, Alaskan Native (tribal affiliation _____ enrolled _____) | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> Asian American (Country of family's origin _____)                         | <input type="checkbox"/> Puerto Rican                      |
| <input type="checkbox"/> Asian, including from Indian Subcontinent (Country _____)                 | <input type="checkbox"/> White or Caucasian                |
| <input type="checkbox"/> Hispanic, Latino (Country _____)  | <input type="checkbox"/> Other (Specify _____)             |
-

---

**Educational Data**

Please list the school of your undergraduate studies: \_\_\_\_\_.

Please list the degree you achieved at the above listed school: \_\_\_\_\_.

Year degree was awarded: \_\_\_\_\_.

School address: \_\_\_\_\_  
*City or Town State Country Zip Code*

School telephone: \_\_\_\_\_.

Please list the school of your graduate studies (add additional pages as necessary): \_\_\_\_\_.

Please list the graduate degrees achieved: \_\_\_\_\_.

Year degree was awarded: \_\_\_\_\_.

School address: \_\_\_\_\_  
*City or Town State Country Zip Code*

School telephone: \_\_\_\_\_.

Please list any fraternities or sororities to which you are a member: \_\_\_\_\_.

Please list any school clubs to which you were a member: \_\_\_\_\_.

Briefly describe any scholastic distinctions or honors you have won: \_\_\_\_\_.

---

**Career Data** *(you may skip this section if current résumé is attached)*

Name of employer: \_\_\_\_\_  
*If student simply type "student"*

Address \_\_\_\_\_  
*Number and Street City State Zip Code or Postal Code*

Company phone: \_\_\_\_\_.

Position with firm: \_\_\_\_\_ Employed since: \_\_\_\_\_.

Briefly describe your primary duties at your firm: \_\_\_\_\_.

If you are a professional in private practice briefly describe the nature of your practice and its mission: \_\_\_\_\_.

Name of practice: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_.

Address: \_\_\_\_\_  
*Number and Street City State Zip Code or Postal Code*

Year practice was established: \_\_\_\_\_ Number of employees \_\_\_\_\_.

---

**Family**

Mother's full name: \_\_\_\_\_ Father's full name: \_\_\_\_\_

Is she living? \_\_\_\_\_ Is he living? \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of business / organization: \_\_\_\_\_ Name of business / organization: \_\_\_\_\_

College (if any): \_\_\_\_\_ College (if any): \_\_\_\_\_

Degree: \_\_\_\_\_ year: \_\_\_\_\_ Degree: \_\_\_\_\_ year: \_\_\_\_\_

Please check if parents are  married  separated  divorced  Other

Have you any children? \_\_\_\_\_ How many? \_\_\_\_\_

Have you any siblings? \_\_\_\_\_

---

**Personal Statement**

This personal statement helps us become acquainted with you in ways simple questions and answers cannot. Please write an essay (250 – 500 words) intimating who you are and why you wish to join The New York Literary Society. You may attach your essay on a separate sheet if you wish.

*I understand that this application and all supporting documents once submitted become the property of The New York Literary Society, Ltd and will not be returned to me. I further understand that all information contained herein will be held in the strictest confidence and will not be shared with any person or entity except by command of law. The membership committee of The New York Literary Society, Ltd reserves the right to decline without reason all membership applications submitted. It is also understood that any material misrepresentation contained herein is cause for immediate membership forfeiture without hearing before the membership committee.*

My signature below indicates that all information in my application is complete, factually correct, and honestly presented. I agree to be bound by the rules, regulations, and bylaws of The New York Literary Society, LTD.

Signature \_\_\_\_\_

Date \_\_\_\_\_