



Application for Membership

Club Information

Company Name: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____

Same as Above

Billing Address: _____
Address: _____ City: _____
State: _____ Zip: _____
Office Phone: _____ Fax _____

E-Mail Address _____
Federal TIN _____ Tax Exempt? _____ If so please attach certificate.
(Tax will be charged until received)

Officers, Partners, Principals: _____ Title: _____

Trade Reference

Name _____ Address _____
Phone _____
Name _____ Address _____
Phone _____

Banking Reference

Name: _____
Address: _____
Phone: _____ Account No.: _____

Membership Policies

Once approved for membership, club members can pay for purchases by cash, credit card or check. Your application signature guarantees all employees have successfully completed a Criminal Background Check. The Chamberlin reserves the right to deny any application based on a history of criminal charges. The club may also exercise its right to suspend club privileges or expel members from the club at their discretion due to inappropriate behavior.

To be completed by office personnel

Membership Orientation Date _____ Completed By: _____

Membership Start Date _____ Expiration Date _____

Number of Employees: _____

Club Number: _____

Annual Membership Membership Fee Paid: _____ Date: _____ Received By: _____

I/We acknowledge that this application is subject to written/verbal acceptance by The Chamberlin.

I/We certify the information provided on this application is accurate to the best of my/our knowledge. Acceptance is subject to a determination of my/our ability, as a member, to meet the financial obligation and all the provisions of the Club Agreement. I/We agree and consent to Owner or its employees or agents making such credit, personal or background checks as Owner/Management deems necessary in connection with its determination of my/our acceptability.

Annual Membership Fee:

_____ \$4,000 Corporate Membership 9 - 50 members

_____ \$5,000 Corporate Membership 50-100 members

Name of Firm: _____ Date: _____

By: _____ Title: _____

Witness: _____