



MEMBERSHIP APPLICATION

Applicant Information

First Name: _____ Last Name: _____

Title: _____ Suffix: _____ Gender: _____
(Mr., Mrs., Ms., Dr., Rev., etc.) (Jr., Sr., III, etc.)

Home Number: _____ Cell: _____

Do we have permission to send text messages about club specials, information, booking and confirming reservations? Yes | No

Residential Address _____
(Street, City, State, Zip Code)

Email: _____
(Please list the email address you prefer to use for electronic mailings.)

Birth Date __M / _D / _YYYY_ Marital Status _____

Wedding Anniversary __M / _D / _YYYY_

Allergies or special preferences *(please list below)*

Employment

Employer/Name of business **(required)** _____
(If self-employed list your business/ if retired please list your previous job)

Title/Position _____
(Occupation, profession, professional expertise)

Address _____ City: _____ State _____ Zip _____

Phone Number: _____ Ext. _____ Email: _____

Family Info

Spouse First Name _____ Last Name _____

Title: _____ Suffix: _____ Gender: _____
(Mr., Mrs., Ms., Dr., Rev., etc.) (Jr., Sr., III, etc.)

Email _____ Phone number _____

Do we have permission to send text messages about club specials, information, booking and confirming reservations? Yes | No

Birth Date __M_/_D_/_YYYY_

Allergies or special preferences *(please list below)*

Number of Children Living at Home Under the Age of eighteen? _____

Please list names and ages: _____

Family Employment

Employer/Name of business (required) _____
(If self-employed list your business/ if retired please list your previous job)

Title/Position _____
(Occupation, profession, professional expertise)

Address _____ City: _____ State _____ Zip _____

Phone Number: _____ Ext. _____ Email: _____

Interests

Are you interested in a complimentary membership to the FBSW Tower Gym? Yes No

In a few words, please outline why you wish to join the Amarillo Club:

Do you have an interest in one or more of the following?

- Catering/Private Functions
- Business Meetings
- Club Events
- Kids Events
- Wine Club
- Networking

How did you hear about us?

- Friends/Family *(Please List)* _____
- Accent west
- Google
- Online *(Please specify: Exp. Facebook, etc.)* _____
- Other *(Please specify)* _____

Statement Preference

Where would you like your **Food and Beverage/Dues Statement** sent?

Residence Business Email Other: _____

Agreement

*I understand that my membership is subject for approval by the Board of Directors of the Amarillo Club and that all information requested within this application is require for consideration of membership. I agree that this information will be used to determining my eligibility. If by any means the Board of Directors declines my application, my application fee will be non-refundable, ONLY my Initiation Fee. I understand that payment of an Initiation Fee and Application Fee and first months' dues is subject to refund upon application. All dues and fees are taxable. I agree to pay monthly statements within twenty (20) days of receipt. If I fail to pay my balance by the end of every month it will be automatically charged to my credit card on file. I agree that if my credit card gets declined, I will incur late fees, and this could lead to membership suspension. I acknowledge that I have been given the Amarillo Club's House Rules and agree to abide by them. I understand that any infringement of the Club's House Rules may result in the suspension of privileges or expulsion in accordance with the By-laws, Section 2.11, 4.13.

Signature _____ Date: / /

Please provide TWO Member Sponsors

Proposed and recommended by:

(Voting Sponsors) Member # _____

Signature _____ Date: / /

Proposed and recommended by

(Voting Sponsors) Member # _____

Signature _____ Date: / /



PAYMENT FORM

To better serve you, the Board of Directors is pleased to offer the following options for payment of your Amarillo Club statement:

1. By Mail: You may pay your bill with a check and return it with your statement stub in the envelope provided by the 20th of each month. Please do not send cash.
2. In Person: You may bring your payment to the accounting office on the 30th Floor.
3. Automatic Draft: You may complete the form and attach a VOIDED check or deposit slip. The signed form serves as authorization for the draft which will be initiated on the 10th of each month.

****All Amarillo Club Members must have a Credit Card on file OR sign up for Bank Draft*
All Credit Cards will be subject to a 3% processing fee.***

PLEASE SELECT YOUR METHOD OF PAYMENT

- CHECKING/SAVINGS ACCOUNT (REQUIRED)** - Please attach a voided check or deposit slip

Name on Account _____

Bank Account# _____ Routing # _____

- Automatically** each month starting on ___ / ___ / ___

- CREDIT CARD**

Name on Acct. _____ CVV# _____

Acct. # _____ Card Type: _____ Exp. Date _____

I, _____, authorize Amarillo Club to charge my bank account.

I understand that if I do not wish to sign up for Auto Draft, my credit card will be charged if the account becomes over 30 days past due. **(Initials)** _____

- Automatically** each month starting on ___ / ___ / ___ and agree to a 3% processing fee.

*I understand if a charge indicated above is returned or denied by my bank, I will be charged a \$35.00 returned or declined fee charge. I further understand it is my responsibility to notify Amarillo Club if the bank draft information changes by completing and signing an updated form. **The payment authorization is valid and to remain in effect unless I, _____, notify Amarillo Club of its cancellation by fax or by sending written notice by email to Amarillo Club Accounting Office.***

Signature: _____ Date: _____