



AMARILLO CLUB

MEMBERSHIP APPLICATION

*Member Information*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_

*Family Info*

Spouse First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Birth Date \_\_\_\_\_ Number of Children Living at Home Under the Age of 18 \_\_\_\_\_

Are you interested is using the FBSW Tower Gym? Yes/No

*Residential Address*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Business Information*

Employer/Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Are you interested in hosting meetings, business functions and or private parties at the Club?

*Relationships*

Names of any close relatives who are or have been members of the Amarillo Club

Do you hold memberships in any other clubs/associations? Please list:

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## *Interests*

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

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

Catering/Private Functions     Business Meetings     Exclusive Club Events

## *Statement and Newsletter Preferences*

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

Residential     Business     email  other: \_\_\_\_\_

Where would you like your **Newsletter** sent?

Residential     Business     other: \_\_\_\_\_

\*I understand that my application for membership is subject to approval by the Board of Directors of the Amarillo Club and that all information requested within this application is required for consideration. I agree that this information may be used to determining my eligibility. I understand that payment of an Initiation Fee and Application Fee and first months' Dues are required upon acceptance. All Dues and Fees are taxable. I agree to pay monthly statements within twenty (20) days of receipt. Failure to do so will incur fees and penalties.

I acknowledge that I have been given the Amarillo Club's House Rules and agree to abide by them at all times. I understand that any infringement of the Club's House Rules may result in suspension of privileges or expulsion in accordance with the By-laws, Section 2.11, 4.13.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Proposed and Recommended by \_\_\_\_\_

(Voting Member)

  
AMARILLO CLUB  
PAYMENT FORM

Dear Amarillo Club Member,

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 20<sup>th</sup> of each month. Please do not send cash.
2. In Person: You may bring your payment to the accounting office on the 30<sup>th</sup> 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 10<sup>th</sup> of each month.

All Amarillo Club Members must have some type of payment information on file. Please choose one of the following methods:

Checking/Savings Account- Please attach a voided check or deposit slip

Name on Account \_\_\_\_\_

Bank Account# \_\_\_\_\_ Routing # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card

Name on Account \_\_\_\_\_ Account # \_\_\_\_\_

I, \_\_\_\_\_, Member Number \_\_\_\_\_, authorize Amarillo Club to charge my bank account

**One** time on \_\_\_/\_\_\_/\_\_\_ in the amount of \$ \_\_\_\_\_ OR,

**Automatically** each month starting on \_\_\_/\_\_\_/\_\_\_ and continuing for the balance of my account in an amount not to exceed \$ \_\_\_\_\_.

(If account balance exceeds specified amount, member will be contacted at the number below for authorization)

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 mail to Amarillo Club Accounting Office.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_