



THE BRIDGE CLUB APPLICATION

Mr. Mrs. Ms. Miss Dr.

Applicant Name

Date of Birth (mm/dd/yyyy)

Mr. Mrs. Ms. Dr.

Spouse/Companion Name

Date of Birth (mm/dd/yyyy)

Primary Address

City

State

Zip

Phone Local

Cell/Other

Email Address(es)

FAMILY INFORMATION – UNMARRIED CHILDREN UNDER 21 LIVING AT HOME

Name

Date of Birth (mm/dd/yyyy)

Name

Date of Birth (mm/dd/yyyy)

Name

Date of Birth (mm/dd/yyyy)

CREDIT CARD INFORMATION:

Visa, MasterCard, Discover, American Express Number

Expiration Date (mm/yy)

Security Code

All Club charges will be payable upon receipt of the statement by check. If a credit card number is provided above, your card will be charged the statement balance on the 15th of each month.

Thank you for joining The Bridge Club. We require that you maintain your membership in good standing for a minimum of 3 months from the time that you join. After the initial 3 month commitment is met, your membership goes month-to-month with your regular policy of a 30 day notice in writing for resignation.

I have received, reviewed, and understand the schedule of dues and fees for the category of membership chosen. I/We hereby apply for membership. I/We have reviewed and agree to abide by the By-Laws, Rules and Regulations, and Terms/Conditions of Membership of the Club. Membership dues are non-transferable and non-refundable.

Please Initial _____

Date Membership Begins (mm/dd/yyyy)

Signature of Applicant

Signature of Spouse

Dated (mm/dd/yyyy)

Dated (mm/dd/yyyy)

For office use only

Reviewed by _____
Salesperson

Applicant Approved (Date)

Membership Number Assigned