



SPOKANE CLUB MEMBERSHIP APPLICATION

Primary Member _____ Primary Phone (____) _____
(As you wish to appear on your membership card)

Date of Birth (mm/dd/yy) _____ Male Female Married Single

Current Home Address _____

City, State & Zip _____ How long at this address? _____

Previous Home Address _____

City, State & Zip _____ How long at this address? _____

Emergency Contact _____ Relationship _____ Phone _____

Business / Employer _____ Title _____

Occupation/Profession _____ Type of Business _____

Business Address _____

City, State & Zip _____ Business Phone (____) _____

Primary E-Mail _____ Club News E-Mail _____

Billing E-Mail for Monthly Statement _____

Mailing Addresses: For Club magazine: Home Business Other _____

Have you been a member of the Spokane Club before? Yes No

Secondary Member _____ Date of Birth (mm/dd/yy) _____
(As you wish to appear on your membership card)

Business /Employer _____ Title _____

Occupation /Profession _____ Type of Business _____

Business Address _____

City, State & Zip _____ Business Phone (____) _____

Primary E-Mail _____ Club News E-Mail _____

Referral

Did a Spokane Club member or employee play a part in your decision to join the Club?
If so, please print his or her name below.

CHILDREN

Family membership categories include privileges for children through age 23 who are unmarried, full-time students. Children ages 13 and older may be issued membership cards upon parental request; children 12 and under must be in the direct supervision of an adult at all times. Please list the names, birthdates and gender for your eligible children.

1. _____ First & Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <i>Date of Birth</i>	4. _____ First & Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <i>Date of Birth</i>
2. _____ First & Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <i>Date of Birth</i>	5. _____ First & Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <i>Date of Birth</i>
3. _____ First & Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <i>Date of Birth</i>	6. _____ First & Last Name	<input type="checkbox"/> M <input type="checkbox"/> F	_____ <i>Date of Birth</i>

SPONSORS

Membership approval requires a signature or written endorsement by one current member in good standing (*E-mail is acceptable, please have sponsors email membership@spokaneclub.org*):

Proposed by: Primary Sponsor (Signature & Member Number)

CATEGORY

Please check your applicable membership category:

- Individual (*for one person age 35 or over regardless of marital status*)
- Couple (*for a couple without children at home; either adult age 35 or over*)
- Family (*for parent(s) and eligible children; either adult age 35 or over*)
- Associate 30s Individual (*for one person between ages 30-34 regardless of marital status*)
- Associate 30s Family (*for a couple or parent(s) ages 30-34 and their children*)
- Associate 20s Individual (*for one person between ages 21-29 regardless of marital status*)
- Associate 20s Family (*for a couple or parent(s) ages 21-29 and their children*)
- Valley Individual Valley Couple Valley Family Non-Resident Other _____

INTERESTS

Tell us what is inspiring you most to join the Spokane Club! This helps us tailor your experience and help connect you with the programs, events and community that relates to your interests. Check all boxes that apply:

Fitness interest areas:

- Downtown Athletics
- Valley Athletics
- Strength & Cardio Workouts
- Weight Loss Classes
- Aquatics
- Run/Bike/Tri
- Group Exercise
- Yoga/Pilates
- Basketball
- Handball
- Racquetball
- Tennis
- Squash
- Personal Training

business & social

For adults:

- Business Dining
- Family Dining
- Special Themed Dinner Events
- Networking Events
- Concert/Show Tickets
- Dances
- Cooking Classes/Food Tastings
- Social Games (*poker, bridge*)
- Sporting Events & Trips (*football games, tennis tournaments, etc.*)
- Group Travel (*summer concerts, wine tours, outdoor excursions, etc*)
- Personal Professional Development
- Other _____

Just for kids:

- Childcare/Camps
- Classes (*etiquette, cooking, children & money, etc.*)
- Pool Parties
- Swim Team
- Children's Sports Programs
- Teen Athletic Conditioning
- Children's Parties

For the whole family:

- Holiday Events
- Dinner & Game Nights
- Other _____

My signature below gives my permission for my credit report to be reviewed by the Spokane Club and indicates that I have read and understand the following:

- The applicable initiation fee must accompany application and is non-refundable.
- All members are subject to the Spokane Club bylaws, which are available online or printed by request. ____ (Initial)
- Membership is effective the first day of the month following Board approval and continues with applicable monthly dues, regardless of use, until receipt of written notice of resignation is received by Membership Services staff and all membership cards are returned to the Spokane Club.
- Members are responsible for dues of the next billing cycle after the written resignation is received and acknowledged in writing. The balance due needs to be paid in full to complete the resignation process. ____ (Initial)
- Accounts not paid within 30 days are subject to a cumulative finance charge, and that nonpayment of accounts may result in collection procedures and additional fees. Venue of such action may be Spokane County, Washington at the discretion of the Club.
- In accordance with Club bylaws, a member whose account is 90 days delinquent twice in one calendar year will be reviewed by the Membership Committee for possible expulsion.
- Members and their guests waive and release any and all rights and claims for damages they may have against the Spokane Club or their respective agents and employees for any and all injuries which may be suffered in connection with participation in any contest, game, function, exercise, competition or activity operated or organized, arranged or sponsored by the Club, whether on or off the Club's premises, or caused by negligence of such parties or otherwise.

Signature _____ Date _____ SSN _____

AUTOMATIC PAYMENT AUTHORIZATION (OPTIONAL)

You have the option to sign up for automatic payments for your monthly Spokane Club statements. You will continue to receive monthly statements from the Spokane Club showing your upcoming monthly dues and charges incurred during the previous month. Automatic payments will be deducted from your chosen credit card or bank account on the 10th of each month. You may cancel participation at any time. To opt into this service, fill out the form below and sign.

Name _____ Daytime Phone (____) _____

Billing Address _____

Billing E-Mail _____

Option A: Bank Account Withdrawal

Bank Name _____ Bank Routing # (ABA#) _____

Bank Account Number _____ (Please attach voided check for this account - required)

Option B: Credit Card Payment

Credit Card # _____ Expiration Date _____ CSV _____

Authorized Signature _____ Date _____

For Club Use Only

initiation fee _____

by _____

date paid _____

promo _____

submitted by _____

database

Jonas

Datacard

credit report

sponsors

Referral