

# The Beacon Club



SINCE 1947

## Business Membership Application

### Ladies & Gentlemen:

It is hereby requested that \_\_\_\_\_ be considered for membership in The BEACON CLUB. If accepted, he, she or they agree(s) to honor the club's rules, regulations and by-laws.

### Categories (Please check all that apply):

CORPORATE PARTNER\*

\_\_\_\_\_ Up to 10 Memberships: \$550.00

\_\_\_\_\_ with Wine Club: additional \$250.00

CORPORATE\*

\_\_\_\_\_ Up to 5 Memberships: \$350.00

\_\_\_\_\_ with Wine Club: additional \$155.00

BASIC BUSINESS\*

\_\_\_\_\_ Up to 2 Memberships: \$180.00

\_\_\_\_\_ with Wine Club: additional \$75.00

\*Additional memberships within any category \$80 per person \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TAXPAYER ID \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNERSHIP TYPE (PLEASE CHECK ONE)

INDIVIDUAL/SOLE PROPRIETOR \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

NONPROFIT (MI TAX EXEMPT NUMBER): \_\_\_\_\_ OTHER (EXPLAIN): \_\_\_\_\_

ACCOUNTS PAYABLE LOCATION \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

COMPANY CONTACT WHO WILL BE MAKING GROUP/EVENT RESERVATIONS

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EXTENSION \_\_\_\_\_ EMAIL \_\_\_\_\_

DESIGNATED MEMBERS:

1 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
2 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
3 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
4 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
5 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
6 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
7 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
8 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
9 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
10 \_\_\_\_\_ EMAIL \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ EMAIL \_\_\_\_\_

**A CURRENT CREDIT CARD NUMBER ON FILE IS REQUIRED.**

CIRCLE ONE : MC VISA DISCOVER AMEX CARD NUMBER \_\_\_\_\_  
NAME ON CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
3 DIGIT CODE ON BACK OF CARD \_\_\_\_\_

**PLEASE USE THE ABOVE CARD TO PROCESS MY MEMBERSHIP FEE** \_\_\_\_\_

**By affixing my signature below, I agree to follow the rules and regulations of the club. I am aware that all Beacon Club and Reciprocal Club bills, checks and fees for service must be settled at time of service and prior to departure. House charge privileges are not available.**

SIGNATURE \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**I hereby recommend and sponsor the above candidate for membership in the Beacon Club:**

SPONSOR \_\_\_\_\_ MEMBER # \_\_\_\_\_ DATE \_\_\_\_\_