

The Beacon Club



SINCE 1947

Social 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. **NOTE: As of 7/15/08, All bills must be paid at time of service for all Social Memberships Categories.** Business and Association Memberships are also available and designed to fit your needs.

(Please Check All That Apply)

____ Annual Social Membership: \$160 ____ Monthly Paper Newsletters: \$15 ____ Wine Club: \$50

Social Membership year commences April 1st and expires March 31st of the following year. Pro-rated pricing begins in October of each year.

FULL NAME _____ DATE OF BIRTH _____

E-MAIL _____ CELL PHONE _____

SPOUSE'S NAME _____ DATE OF BIRTH _____

E-MAIL _____ CELL PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ ANNIVERSARY _____

Applicant's Information

Spouse's Information

EMPLOYER _____ YEARS _____

EMPLOYER _____ YEARS _____

POSITION _____

POSITION _____

TYPE OF BUSINESS _____

TYPE OF BUSINESS _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____

BUSINESS PHONE _____

BUSINESS E-MAIL _____

BUSINESS E-MAIL _____

MEMBER OF

THE FOLLOWING CLUBS & ORGANIZATIONS _____

DO YOU HOLD LUNCH/DINNER MEETINGS? _____ MAY WE CONTACT THE ORGANIZER? _____

GROUP NAME _____ CONTACT _____

PHONE: _____ E-MAIL _____

ACQUAINTED WITH THE FOLLOWING MEMBERS _____

WHY ARE YOU INTERESTED IN JOINING THE BEACON CLUB _____

Emergency Contact:

NAME _____ ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

Emergency Contact Not Residing With You:

NAME _____ ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

This application requires a sponsor's signature and your payment to avoid delays in processing.

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

SPONSOR _____ MEMBER # _____ DATE _____

A CURRENT CREDIT CARD NUMBER ON FILE IS REQUIRED. (This card will not be used for monthly billing)

CIRCLE ONE: MC VISA DISCOVER AMEX CARD NUMBER _____

NAME ON CARD _____ EXPIRATION DATE _____

3 DIGIT CODE ON BACK OF CARD _____ 4 DIGIT CODE ON FRONT OF CARD _____

Please pay initial membership fee using above credit card _____

By affixing my signature below, I agree to follow the rules and regulations of the club and to pay all club charges at time of service.

SIGNATURE _____ **DATE** _____

PLEASE PRINT OR TYPE NAME _____

THE BEACON CLUB

5830 PORTAGE RD. KALAMAZOO, MI 49002 PHONE:269-343-9000 FAX:269-343-6405

For club administrative use only

RECEIVED	DUES PAID	CLUB NUMBER	MEMBERSHIP CARDS MAILED
POS	PT	FILEMAKER	REJECTED