

# The Beacon Club



SINCE 1947

## Membership Proposal and Categories

- \_\_\_ General Membership \$95.00      \_\_\_ Corporate & Non Profit Partner \$500.00 Up to 10 Members  
\_\_\_ Wine Club Privileges (Additional) \$35.00      \_\_\_ Corporate Wine Club Privileges (Additional) \$200.00  
\_\_\_ Corporate & Non Profit Associate \$300.00 Up to 5 Members  
\_\_\_ Corporate Wine Club Privileges (Additional) \$100.00

### Gentlemen & Ladies:

It is requested that \_\_\_\_\_ be considered for membership in The Beacon Club.

If accepted he or she agrees to honor The Clubs rules, regulations and by-laws.

FULL NAME \_\_\_\_\_ DATE OF BIRTH (DAY) \_\_\_\_\_ (MONTH) \_\_\_\_\_ (YEAR) \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ DATE OF BIRTH (DAY) \_\_\_\_\_ (MONTH) \_\_\_\_\_ (YEAR) \_\_\_\_\_

ANNIVERSARY (DAY) \_\_\_\_\_ (MONTH) \_\_\_\_\_ (YEAR) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NUMBER OF YEARS IN THIS COMMUNITY \_\_\_\_\_ E-MAIL \_\_\_\_\_

MEMBER OF THE FOLLOWING CLUBS OR ORGANIZATIONS \_\_\_\_\_

COMMUNITY AND VOLUNTEER ACTIVITIES \_\_\_\_\_

ACQUAINTED WITH THE FOLLOWING MEMBERS \_\_\_\_\_

WHY ARE YOU INTERESTED IN JOINING THE BEACON CLUB? \_\_\_\_\_

\_\_\_\_\_

### APPLICANT INFORMATION

EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_ \*

POSITION \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

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

BUSINESS PHONE \_\_\_\_\_

BUSINESS E-MAIL \_\_\_\_\_

\* IF LESS THAN 3 YEARS PLEASE GIVE FORMER EMPLOYER AND YEARS

EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

### SPOUSE'S INFORMATION

EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_ \*

POSITION \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

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

BUSINESS PHONE \_\_\_\_\_

BUSINESS E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

DOES YOUR BUSINESS OR CLUB AFFILIATION HOLD PERIODIC MEETINGS? YES\_\_\_\_\_ NO\_\_\_\_\_

LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_ HOW MANY TIMES A YEAR? \_\_\_\_\_

**PLEASE INDICATE HOW FREQUENTLY YOU WOULD USE THE BEACON CLUB?**

LUNCHESES \_\_\_\_\_TIMES PER YEAR

DINNERS \_\_\_\_\_TIMES PER YEAR

WINE EVENTS \_\_\_\_\_TIMES PER YEAR

PRIVATE MEETING ROOMS \_\_\_\_\_TIMES PER YEAR

HOLIDAY DINING \_\_\_\_\_TIMES PER YEAR

WINE TASTINGS \_\_\_\_\_TIMES PER YEAR

GOURMET FOOD EVENTS \_\_\_\_\_TIMES PER YEAR

OTHER EVENTS \_\_\_\_\_TIMES PER YEAR

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT NOT LIVING WITH YOU:**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**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 Located On Back Of Card \_\_\_\_\_

4 Digit Code Located On Front Of Card \_\_\_\_\_

**PLEASE INCLUDE PAYMENT WITH THIS PROPOSAL TO AVOID DELAYS IN PROCESSING.**

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

Please print/type name \_\_\_\_\_

**I recommend the above signed for membership in The Beacon Club based upon my knowledge of his/her ethical and financial integrity.**

Sponsor \_\_\_\_\_ Member # \_\_\_\_\_ Date \_\_\_\_\_

Club Administrative Use Only

RECEIVED	DUES PAID	CLUB NUMBER ASSIGNED	MEMBERSHIP CARDS MAILED
POS	PT	BILLED	REJECTED