



Membership Application

To protect all Applicants, none of the information provided below will be released or sold to any outside entity.

Date: ___/___/___

Membership Level: ___ Individual Full ___ Dual Full ___ Corporate Full ___ Individual Dinner

Member Information:

Name (First, Last)

Name you prefer on membership card

Address

Email Address

City, State Zip

Contact # and Type (cell, work, home)

Date of birth

Member Acknowledgement and Agreement of Policies:

I, _____, am hereby applying to become a Member of The Warren for the twelve months following the date of this Application and as renewed in the future. I have read The Warren Membership Policies provided online at www.TheWarrenCityClub.com/membership-policies-privileges/. As evidenced by my signature below, I agree to comply with all such Policies.

Signed

Date

Member Agreement to Keep Credit Card on File (you may complete this on site if you prefer, but Membership may not be activated until completed):

I agree to keep my credit card on file and authorize The Warren to use my card to handle any outstanding charges, including ___% gratuity.

Credit Card Type: VISA MasterCard Discover American Express

Card #: _____ Expiration Date: _____

_____ I would like The Warren to use this card to settle my charges at all times. **OR**

_____ Please only use this card if leave without closing my tab or specifically request you to do so.

Signed

Date

_____ **Monthly Payment Option (for Full Memberships Only):** By checking this section, I am indicating that I choose the initiation fee and monthly payment plan for my Membership instead of paying one lump sum annually. I further authorize The Warren to use the credit card information provided above for that purpose. I am obligated to pay the initiation fee and the monthly fee for twelve months after the date of this Agreement. After the initial twelve months, I may cancel this Agreement only by notifying The Warren in writing or via email.