

Application for Membership

(please type or print)

Full Name _____

Membership Type

Resident Corporate Jr. Executive Non-Resident
 Resident Clergy

Name (as you wish it to appear on membership lists)

Title Mr. Mrs. Miss Ms. Dr.

Birthday (including year) _____

Residence Address

City _____ State _____ Zip Code _____

Business Name

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Occupation _____ Specialty _____
Position _____

Business Address

City _____ State _____
Zip _____

Business Phone _____ Single

Fax Phone _____ Married

Anniversary Date _____

E-Mail Address

Residence Phone _____ Spouse's Name _____

In Club Membership Lists, the Club may use _____ Spouse's Birthday _____

my name home address business address Children-- Names and Birthdays:

Send Club correspondence to:

Monthly Statements: ___ home ___ business

Newsletters & Events: ___ home ___ business

I hereby make application for a membership in the Capital Club of Jackson, Mississippi (a non-profit corporation), and if accepted promise to abide by its Constitution, By-laws, and rules.

Date of Application _____	Signature _____
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For Office Use Only

We, the undersigned RESIDENT members of the Capital Club of Jackson, Mississippi, hereby recommend this applicant be granted membership in the Club:

Name _____ Signature _____

_____ Name _____

_____ Signature _____

Membership # _____

Joining Fee \$ _____

Monthly Dues \$ _____