

Capital Club Application for Membership

(please type or print)

Full Name: _____ **Birthday:** _____

Membership Type: _____ Resident _____ Corporate _____ Jr. Executive
_____ Non-Resident _____ Clergy

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

Title: _____ Mr. _____ Mrs. _____ Miss _____ Ms. _____ Dr.

Residence Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Name: _____

Occupation: _____ **Position:** _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone: _____

Business Fax: _____

Residence Phone: _____

Cell Phone: _____

Business E-mail: _____

Personal E-mail: _____

_____ **Single**

_____ **Married** **Anniversary** _____

Spouse's Name: _____

Spouse's Birthday: _____

In Club Membership Lists, the Club may use:
_____ name _____ home address _____ business address

Minor 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.

Signature: _____ **Date of Application:** _____

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:** _____

Name: _____ **Signature:** _____

Membership #: _____ **Joining Fee:** _____ **Monthly Dues:** _____