



# Walden Club

## Application for Membership

**PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW AS APPLICABLE**

### Member Information

Name of Member Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ \_\_\_\_\_

Company Name\_\_\_\_\_ Position\_\_\_\_\_ Occupation\_\_\_\_\_

Work Address \_\_\_\_\_ Home Address\_\_\_\_\_

Work Phone\_\_\_\_\_ Home Phone\_\_\_\_\_ Fax Number\_\_\_\_\_ Cell Phone\_\_\_\_\_

Date of Birth\_\_\_\_\_ Work E-mail\_\_\_\_\_ Home E-mail\_\_\_\_\_

Would you like to get our lunch buffet menu via e-mail? \_\_\_\_\_ If so, what e-mail\_\_\_\_\_

### Spouse Information

Wedding Date\_\_\_\_\_

Name of Spouse Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ \_\_\_\_\_

Company Name\_\_\_\_\_ Position\_\_\_\_\_ Occupation\_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_ Work Fax Number\_\_\_\_\_

Date of Birth\_\_\_\_\_ Work E-mail\_\_\_\_\_

### Dependent Information

Dependent's Name	Gender	Date of Birth	Dependent's Name	Gender	Date of Birth
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____

Please send my monthly statements to: Home\_\_\_\_\_ Member's Business\_\_\_\_\_ Spouse's Business\_\_\_\_\_

Other Club Affiliations: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### References (other than Sponsor)

### Address

### Telephone

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Please indicate the Member and spouse's interests by checking all that are appropriate**

<b>M</b> <input type="checkbox"/>	<b>S</b> <input type="checkbox"/>	<b>M</b> <input type="checkbox"/>	<b>S</b> <input type="checkbox"/>	<b>M</b> <input type="checkbox"/>	<b>S</b> <input type="checkbox"/>	<b>M</b> <input type="checkbox"/>	<b>S</b> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TERMS OF MEMBERSHIP IN WALDEN CLUB**

**Initiation Fee**

Membership applications must be accompanied by the \$500 Initiation Fee.

**Payment on Account**

Payment of account is due on receipt of the monthly statement. If payment is not received by the 15<sup>th</sup> of the same month, we require a backup payment source. The bank account or credit card will be charged for the unpaid balance on the 16<sup>th</sup> if payment has not already been received. If the Club is unable to charge the backup payment source, the account will be subject to a late charge of 10% of the past due balance. Payments on delinquent accounts apply first to reduce late charges, then to accrued dues, then to food and beverage charges, then to any other charges. Monthly dues are subject to change from time to time. After ninety days (90) of nonpayment, the Member's account will be terminated and the case will be turned over to collections. The undersigned agrees to pay all reasonable attorney fees, investigator fees and costs in the event this account is turned over for collection. The membership card shall remain the property of the Club at all times.

**Payment Options (You must select one option and furnish us with all requested information)**

I will pay the balance due by check prior to the 15<sup>th</sup>. I understand that my backup payment source will be charged for any remaining balance on the 16<sup>th</sup>. My backup payment source is: \_\_\_\_\_ **Credit Card**

Credit Card, account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Circle Type MC VISA AMEX**

I would prefer to pay my balance automatically by credit card **Circle Type MC VISA AMEX**

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I would prefer to pay my balance automatically by ACH Bank draft. Please debit my bank account for my balance due (attach a voided check on the account you wish charged)

**Resignation**

Membership in Walden Club is continuous and requires no annual renewal. It is agreed that a Member may resign from the Club by giving written notice to the Club (except where otherwise obligated for a specific time). Receipt of such notice must be reflected in the Club's records. A Member's copy of such a letter after the fact carries no meaning. The effective date of resignation will be the date the Club receives the Member's written notice. All accrued dues and other charges for which the Member is liable are due upon the date of resignation.

**Acceptance**

I hereby accept my sponsor's invitation to Membership in the Walden Club. I also agree to conform to and be bound by the Bylaws and Club Rules as they may be amended from time to time.

**Membership Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**My Member Sponsor Is:** \_\_\_\_\_

<b><i>This section to be completed by Walden Club staff</i></b>		
Member Number Assigned _____	Membership Category _____	Monthly Dues _____
Application Accepted By _____	Application Approved _____	