

Governors Club

Post Office Box 10568 * Tallahassee, Florida 32302 * (850) 224-0650 * www.govclub.com

APPLICATION FOR MEMBERSHIP

Name _____ [one name only] [circle one] Mr. Mrs. Ms. Dr. Other _____

Date of Birth (MM/DD/YY) _____ Age _____ [circle one] Married Single

Home Address _____ Email: _____

_____ Zip Code _____ Home Phone _____

Business Title _____ Cell Phone _____

Employer or Name of Firm _____ Ofc. Phone _____ Fax _____

Business Mailing Address _____ Administrative Contact _____

_____ Zip Code _____

Significant Other Name _____ Significant Other DOB _____

Significant Other E-mail _____ Significant Other Phone _____

Children Under the age of 25 permitted to charge to member account:

Name

Date of Birth

Name

Date of Birth

I would like my monthly statement sent to my _____ home _____ office.

I would like my monthly charges billed directly to the credit card below: _____ Yes _____ No

I would like my initiation fee billed directly to the credit card below: _____ Yes _____ No

CREDIT CARD REFERENCE (Credit card will be stored as backup payment)

Credit Card Type: _____ Card Holder's Name: _____

Card #: _____ Expiration: _____

Card Billing Address: _____ Home _____ Business _____ Other Address _____

TWO GOVERNORS CLUB SPONSORS

Signature of Sponsor

Print Name and Member Number

Date

Signature of Sponsor

Print Name and Member Number

Date

I hereby apply for membership in the Governors Club, subject to availability. I am aware that membership in the Governors Club is individual with significant other having the same privileges as the named individual and that there are no corporate/business memberships. **Enclosed is my check or credit card information for \$300 for Junior Executive Member Deposit, or \$1500 Privilege Executive payable to Governors Club for initiation fee.** If accepted for membership, I agree to abide by the Governors Club bylaws and house rules. I am responsible for timely payment of all financial obligations, including interest on any unpaid obligation not paid within thirty days of invoice and any costs or attorney fees should the matter be referred to an attorney for non-payment.

Signature _____ Date _____

Please direct any questions to Allison Ager, Membership & Marketing Director, AllisonAger@govclub.com, 850-205-0663.
Please ensure your application is legible with signatures of sponsors and credit card information provided.



Governors Club

MEMBER PREFERENCES

Booth or Table: _____ Favorite Lunch Drink: _____

Favorite Dinner Drink: _____ Favorite Cocktail: _____

Favorite Wine: _____ Favorite Appetizer: _____

Favorite Entrées _____

Favorite Dessert: _____ Allergies: _____

Tell us your interests. Please check all that apply:

Women's Events Cooking Classes Wine Tastings Cigar Dinners
 White Glove Dining Service Beer Dinners Speaker Series Golf Events
_____ Other, please specify

SIGNIFICANT OTHER PREFERENCES

Booth or Table: _____ Favorite Lunch Drink: _____

Favorite Dinner Drink: _____ Favorite Cocktail: _____

Favorite Wine: _____ Favorite Appetizer: _____

Favorite Entrées _____

Favorite Dessert: _____ Allergies: _____

Tell us your interests. Please check all that apply:

Women's Events Cooking Classes Wine Tastings Cigar Dinners
 White Glove Dining Service Beer Dinners Speaker Series Golf Events
_____ Other, please specify

The last step in the member process is submitting your photo. This enables our servers and managers to serve you better! You can email your photo to allisonager@govclub.com, or have your photo taken at the Club when convenient. Please stop by the hostess desk for your photograph.

We look forward to serving you!