

Member Number \_\_\_\_\_  
Member Type \_\_\_\_\_



**Membership Application**  
(Please Type or Print)

Miss/Mr./Ms./Mrs./Dr./Prof

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Phone (Other)

\_\_\_\_\_  
Email

**Please indicate areas of interest:**

- |         |                     |               |
|---------|---------------------|---------------|
| Gardens | Exercise/yoga/dance | Arts & Crafts |
| Travel  | Food & Beverage     | Literature    |
| Bridge  | Performing Arts     | Music         |

\_\_\_\_\_  
**Current/previous profession**

\_\_\_\_\_  
**How did you hear about the City Club?**

\_\_\_\_\_  
**Emergency Contact**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Phone**

Payment: Please submit your dues with this application:

Annual Dues: \$ \_\_\_\_\_

*Your quarterly dining minimum (\$100) will be billed to your account.*