



MEMBERSHIP APPLICATION

Primary Member

* Prefix, * First Name, * Name Suffix, * Residential Address, * City / Province, * Residential Phone, * Email, * Last Name, * Middle Name, * Gender, * Postal Code, * Cell Phone, * Date of Birth

Primary Member Company Information

* Company, * Industry, * Business Address, * City / Province, * Business Phone, * Executive Assistant's Name, * Position, * Website, * Postal Code, * Business Email, * Executive Assistant's Email

* Select Member Type [] New [] Past Member

* Select the Membership Category

Quarterly Food & Beverage House Minimum Spend \$125

Annual Dues Billing and Quarterly Food & Beverage House Minimum Spend are based on the Club's Fiscal Year June 1st - May 31st

All Fees, Dues & Minimum are subject to the current GST tax rates.

I was Referred to Join the Edmonton City Club by

Names of any Close Relatives Who are Members of the Edmonton City Club (& Their Relation to You):

Four empty text boxes for listing relatives and their relations.

Tell Us How You Would Like to Receive Information from the Edmonton City Club

* Club Communication, *Monthly Statements

Spousal / Partner

* Prefix * Last Name

* First Name Middle Name

* Name Suffix * Gender

* Residential Phone * Cell Phone

* Email * Date of Birth (YYYY-MM-DD)

* Marital Status * Marriage Anniversary (YYYY-MM-DD)

Spousal / Partner Member Company Information

* Company * Position

* Industry * Website

* Business Address

* City / Province * Postal Code

* Business Phone * Business Email

* Executive Assistant's Name * Executive Assistant's Email

Children

* Name <input type="text"/>	* Gender <input type="text"/>	* Date of Birth (YYYY-MM-DD) <input type="text"/>
* Name <input type="text"/>	* Gender <input type="text"/>	* Date of Birth (YYYY-MM-DD) <input type="text"/>
* Name <input type="text"/>	* Gender <input type="text"/>	* Date of Birth (YYYY-MM-DD) <input type="text"/>
* Name <input type="text"/>	* Gender <input type="text"/>	* Date of Birth (YYYY-MM-DD) <input type="text"/>
* Name <input type="text"/>	* Gender <input type="text"/>	* Date of Birth (YYYY-MM-DD) <input type="text"/>

Tell Us Which Amenities & Activities Are Most Appealing (Check all that Apply)

<input type="checkbox"/> Bar & Lounge	<input type="checkbox"/> Business Centre	<input type="checkbox"/> Club Committees	<input type="checkbox"/> Concierge Services
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Family Events	<input type="checkbox"/> Meeting Rooms	<input type="checkbox"/> Member Events
<input type="checkbox"/> Networking	<input type="checkbox"/> Speaker Series		

Are you Interested in Hosting Meetings, Business Functions and/or Private Parties at the Club? Yes No

Disclaimer

I understand all decisions regarding memberships are in the sole discretion of EDMONTON CITY CLUB and under no circumstances is the Club required to explain or elaborate on any decisions. If my application is not approved, I accept the decision of EDMONTON CITY CLUB as final.

I further understand and agree that once accepted as a Member, I will promptly submit the required fees and/or dues for the Membership chosen knowing that if the Club does not move forward with development, those fees and/or dues will be returned to me in full.

I will be provided an opportunity to review and agree to be subject to and to comply with the rules, regulations and by-laws of EDMONTON CITY CLUB as amended from time to time. The information in this form is collected, used and disclosed by the EDMONTON CITY CLUB for the purpose of considering an application for membership, for processing membership documents, and related purposes in accordance with the *Personal Information Protection Act*. You consent to such collection, use and disclosure by submitting this application for consideration. Your personal information is not sold or leased to third-party organizations. For more information about the EDMONTON CITY CLUB'S personal information practices, contact info@edmontoncityclub.com.

Ensuring our Members, Staff and Guest's health and safety at the EDMONTON CITY CLUB during the ongoing pandemic and beyond is the Club's number one priority. The EDMONTON CITY CLUB is committed to following the evolving guidelines and recommendations of public health authorities, and the EDMONTON CITY CLUB reserves the right to make compliance with public health guidelines or recommendations, including vaccinations as required depending on the circumstances, a mandatory condition of membership, employment or access to EDMONTON CITY CLUB facilities.

I hereby submit this application for Membership to the Edmonton City Club and certify all information provided is truthful and accurate.

Primary Member Signature _____

Date (YYYY-MM-DD)

Spousal/ Partner Member Signature _____

Date (YYYY-MM-DD)

For Edmonton City Club Use

Date Received:

Application Approved Application Denied

Date Applicant Notified:

Date Entrance Fee Received:

Primary Member Number:

Spouse / Partner Member Number:

Additional Notes: