



APPLICATION FOR MEMBERSHIP

Name (Mr. /Dr. /Mrs. /Ms.) _____

Home Address _____
City State Zip Code

Phone _____ Email _____ Birth Month _____

Company Name _____ Title _____

Company Address _____
City State Zip Code

Phone _____ Fax _____ Email _____

County of Residence and/or Business _____

SPOUSE & DEPENDENT INFORMATION

Spouse (Mr. /Dr. /Mrs. /Ms.) _____ Birth Month _____

Company Name _____ Occupation _____

Business Phone _____ Email _____
(To receive Summit Club information)

Wedding Anniversary _____

DEPENDENTS

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

WHERE WOULD YOU PREFER TO RECEIVE YOUR BILLING?

HOME í OFFICE í

WHERE WOULD YOU PREFER TO RECEIVE YOUR NEWSLETTER?

HOME í OFFICE í

SPECIAL INTERESTS

Would you be interested in holding business meetings at the Summit Club?

YES NO

Is your interest in the Club primarily for BUSINESS or SOCIAL use? _____

Is there a special interest or feature of the Club you would like more information about? _____

MEMBERSHIP CHOICES

*Please submit your application along with a payment for the Membership.
If you like, you may have your dues paid monthly upon request in writing. We accept payment with a check,
credit card or an automatic withdrawal from your financial institution.
(Circle one membership class of your choice)*

DUES

MEMBERSHIP CLASS	ANNUAL Jan - Dec	PRORATED Jan-Dec	FOOD & BEVERAGE MINIMUM
2009 Summer Special	\$995.00	_____	\$25/Month
Resident (36 yrs & older)	\$ 765.00	_____	\$ 100.00/ Month
Junior II (30-35 yrs old)	\$ 560.00	_____	\$ 75.00/ Month
Junior I (under 30 yrs old)	\$ 360.00	_____	\$ 50.00/ Month
Evening Dining	\$ 505.00	_____	\$ 50.00/ Month
Non-Resident	\$ 505.00	_____	\$100.00/Semi-Annual

The Summit Club accepts VISA, MasterCard and American Express as payment for your Minimum Fees, Annual Dues, and Monthly Statement. You may also pay by check.

Credit Card Information

Name _____ Account Number _____

Expiration Date _____

The undersigned hereby applies for Membership at the Summit Club, and encloses with this application the Membership Fee, which will be returned to the applicant if Membership is not granted. If Membership is granted, the undersigned agrees to abide by all the laws, rules and regulations of the Summit Club and furthermore agrees to be responsible for all charges at the Summit Club.

Signature of Applicant _____ Date _____

110 West Berry Street, Suite 2500, Fort Wayne, IN 46802
260.424.5372 – Fax- 260.424.5374 – www.fortwaynesummitclub.com