

Governors Club

Application for Membership



GOVERNORS CLUB

202 S. Adams Street
Tallahassee, FL 32303
850-224-0650
www.GovClub.com

Applicant

Name _____ (circle one) Mr. Mrs. Ms. Dr. Other _____
 Home Address _____ Date of Birth _____
 _____ Age _____ (circle one) Married Single
 _____ Zip _____ Cell Phone _____
 Employer _____ Business Title _____
 Business Address _____ E-mail _____
 _____ Office Phone _____
 _____ Zip _____ Administrative Contact _____

Spouse

Name _____ (Circle one) Mr. Mrs. Ms. Dr. Other _____
 Employer _____ Date of Birth _____
 Business Address _____ E-mail _____
 _____ Zip _____ Cell Phone _____

Children under the age of 25 permitted to charge to member account

Name _____ Date of Birth _____
 Name _____ Date of Birth _____
 Name _____ Date of Birth _____

Financials | Check all that apply

I would like to receive my monthly statement: via e-mail | mailed to my office | mailed to my home

I would like my monthly charges billed to the credit card provided below: ___ Yes ___ No

I would like my initiation fee billed to the credit card provided below: ___ Yes ___ No

I would like my Jr. Exec. Initiation deposit billed to the credit card provided: ___ Yes ___ No

Cardholder Name _____ Card Type: _____

Card Number: _____ Expiration: _____

Card Billing Address: ___ Home ___ Business Other Address _____

Sponsors

Print Member Name & Number

Signature

Date

Print Member Name & Number

Signature

Date

I hereby apply for membership in the Governors Club. I am aware that membership in the Governors Club is individual with the spouse having the same privileges as the primary member and there are no corporate/business memberships. **Enclosed is my check or credit card information for \$500 for Junior Executive Member Deposit, or \$2500 Privilege Executive Member initiation fee payable to Governors Club.** 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. It is understood that if my application is accepted and a membership number is issued, the initiation fee is non-refundable.

*the Sales & Events Director can reach out to sponsoring member for confirmation, physical signature is not necessary.

Signature _____ Date _____



GOVERNORS CLUB

Primary Member Dining Preferences:

_____ Booth _____ Table Preferred Cocktail _____

Lunch Beverage _____ Preferred Wine _____

Dinner Beverage _____ Preferred Appetizer: _____

Preferred Entrées: _____ Preferred Dessert: _____

Allergies: _____

Dietary Restrictions and/or Preferences : _____

Interest, check all that apply:

_____ Women's Events _____ Themed Gourmet Dinners _____ Speaker Series _____ Wine Tastings

_____ Cooking Classes _____ Cigar Dinners _____ Children's Activities _____ Beer Dinners

Special Interests: _____

Club Event Suggestions: _____

Alma Mater: _____

Favorite Sports Teams: _____

Social Media:

Facebook Name _____ Twitter Name _____

Instagram Name _____

Spouse Dining Preferences:

_____ Booth _____ Table Preferred Cocktail _____

Lunch Beverage _____ Preferred Wine _____

Dinner Beverage _____ Preferred Appetizer: _____

Preferred Entrées: _____ Preferred Dessert: _____

Allergies: _____

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Facebook Name _____ Twitter Name _____

Instagram Name _____