



Cigar and Wine Club Membership Application

Today's Date: _____

Full Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Name of Employer: _____

Emergency

Contact: _____ Phone: _____

One-Year Cigar and Wine Membership: \$225.00

Payment Method: () In Full () Monthly

Paid by Cash _____ Credit Card _____ (staple copy of payment receipt to application)

Major Credit Card Information: MC VISA Discover AM EX

Name on Card: _____

Credit Card Number: _____

Ex. Date: _____ Date Deposit Received: _____

I understand that to guarantee my membership stays continuous with no interruptions or change of benefits, I must be paid in full one month (30 days) prior to my yearly contract's expiration date. I have received a copy to the membership application and agreement and understand and agree to adhere to and abide by The Capital Club membership rules and regulations, which may be amended from time to time. The Capital Club reserves the right to suspend membership privileges until all amounts of past due charges are settled. I further certify that the credit card listed herein is issued to me and agree that all disputes on the credit card account relating to The Capital Club will be brought to The Capital Club's attention within 30 days of any transaction. I hereby agree to keep valid and approved credit card information on file with The Capital Club at all times.

Signature: _____

Date: _____

Club Approval: _____

Date: _____

Membership Term: _____ to: _____

3030 South Monroe Street, Suite 11 - Tallahassee, FL 32301 - (850) 597-9620