



THE CAPITAL CLUB

Membership Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Referring Member: \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_ 3-digit code \_\_\_\_\_

\*Note dues are charged annually and payment is pro-rated based on join date:

January 1st through May 31st	\$500
June 1st through September 30th	\$300
October 1st through October 31st	\$150
November 1st through November 30th	\$100
December 1st through December 31st	\$ 50

Signature \_\_\_\_\_

\*signature authorizes Capital Club to charge credit card

Pay by check

Email completed form to [jennyn@msn.com](mailto:jennyn@msn.com)