

**BYLAWS ACKNOWLEDGEMENT**

"If elected to membership, I agree to be bound by the bylaws, rules and regulations of the Club in effect and hereafter adopted."

x

**PHOTOGRAPHY WAIVER**

"I acknowledge that any photographs taken of my family and me at the Madison Club may be used for promotional purposes. Uses may include, but are not limited to, posting photographs on the Madison Club and Madison Club Foundation websites, and in the Madison Club newsletter. The Madison Club will be the rightful owners of these images."

x

**APPLICATION PROCESS**

Once your application is completed, please return in person, by mail or by fax.

All applications are presented to the Board of Directors and membership will become effective following approval. Please allow 3-4 business days for this process.

If you have questions regarding membership, please contact Mary Gaffney-Ward or Krista Laubmeier in the Membership Department; (608) 255-4861 or info@madisonclub.org

The Madison Club is located at:  
5 East Wilson Street  
Madison, WI 53703

Phone: 608.255.4861  
Fax: 608.255.9401

*We look forward to serving you!*

**REFERRAL PROGRAM**

We reward members for introducing new people to the Madison Club. For each new member you recruit to join, you will receive a \$50 dining credit. Is there anyone you know that might want membership information?

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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

**CORPORATE / AFFINITY PLANS**

The Madison Club also offers a discounted membership plan for people who join from the same company (Affinity Plan). Is there anyone in your office who may be interested in this opportunity?

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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



*Membership Application*

The Madison Club is pleased to consider your application for membership.

### SPONSORSHIP

A member sponsor is not required for membership, however, if you were referred to the Club by a current member, please indicate that person below:

### MEMBERSHIP CATEGORY

Please indicate which membership you would like:

- Standard Membership  
*New members who live or work in Dane County*  
 Age 41+ years (\$155/month)  
 Age 30-40 years (\$113/month)  
 Age 21-29 years (\$98/month)
- Standard Non-Resident Membership (\$103/month)  
*For those who neither live or work in Dane County*
- Affinity Plan Membership  
 Businesses with 2-5 members (\$105/month)  
 Businesses with 6+ members (\$95/month)
- Social Membership (\$800 annually)\*
- New Century Membership (\$100/month)\*\*

### PARKING

There are forty "Madison Club" parking spots in the Hilton Ramp. Please indicate if you would like a parking permit to use these spaces while you attend Club events/dining:

- 1 card (\$15 per month)  2 cards (\$20 per month)

A deposit of \$35 is required for parking privileges.

\* *Social members also pay \$1000 upfront for dining credits. Credits can be used for dining, beverage and special events charges (banquets excluded). All must be used within one calendar year; carryover is not permitted.*

\*\* *New Century members agree to pay a \$100 minimum for a one year period. Minimums can be used on Madison Club events and dining only. No carryover is permitted month to month.*

### PERSONAL/FAMILY INFORMATION

*All Madison Club memberships are "family memberships" and extend usage privileges to the applicant's spouse and any children under the age of 21.*

Applicant's Name: \_\_\_\_\_

Preferred name/nickname: \_\_\_\_\_

Title (circle): Mr. Mrs. Ms. Dr. Prof. Judge Other \_\_\_\_\_

Birthdate (including year): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's preferred name/nickname: \_\_\_\_\_

Spouse's title: Mr. Mrs. Ms. Dr. Prof. Judge Other \_\_\_\_\_

Birthdate (including year): \_\_\_\_\_

Children's Names and Birthdates:

\_\_\_\_\_ DOB: / /

\_\_\_\_\_ DOB: / /

\_\_\_\_\_ DOB: / /

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

### APPLICANT'S PROFESSIONAL INFORMATION

Professional title: \_\_\_\_\_

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Business fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

### SPOUSE'S PROFESSIONAL INFORMATION

Professional title: \_\_\_\_\_

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Business fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

### BILLING INFORMATION

Where would you like to receive your monthly statements?

\_\_\_ Home address

\_\_\_ Business address

Please indicate preferred terms for dues payment:

\_\_\_ Monthly

\_\_\_ 12-month advanced payment

Charges incurred during the month will be reflected on your monthly statement. If you would like your charges billed automatically to a credit card, please indicate below:

\_\_\_ Visa

\_\_\_ Master Card

\_\_\_ AmEx

\_\_\_ Discover

\_\_\_ Diner's Club

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### TELL US MORE ABOUT YOURSELF

Do you belong to any other private clubs? *(please list)*

Do you belong to any professional or civic organizations? *(please list)*

Why did you decide to join the Madison Club?

Which of the following benefits do you foresee utilizing as a member (check all that apply):

\_\_\_ Club dining

\_\_\_ Wine Club

\_\_\_ Networking opportunities

\_\_\_ History Club

\_\_\_ Private meeting rooms

\_\_\_ Reciprocal golfing

\_\_\_ Reception/banquet space

\_\_\_ Reciprocal dining

\_\_\_ Family activities

\_\_\_ Theatre tickets

Please specify any food allergies/vegetarian preferences:

Do you have any wine or cocktail preferences?