

# STEEPLES CITY CLUB

## Membership Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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I wish to join Steeples City Club by paying annual dues for Membership, effective on the date of application.

- Single (\$300)
- Partner (\$500) *(Include Name, Email Address, Date of Birth, Mobile phone #)*
  1. \_\_\_\_\_
  2. \_\_\_\_\_
- Cleveland County Chamber Business (\$1,000) *Up to 5 Employees (Include Name, Email Address, Date of Birth, Mobile phone #)*
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

Tell us what benefits or amenities you would like to see that would enhance your membership experience at the Club.

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I found out about the Club from:

- Facebook
- Instagram
- From a Friend
- From a Staff Member
- Other \_\_\_\_\_

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Membership Rules:

By Submitting this form, I acknowledge that:

- I have read all rules and will remain in compliance with requirements for the duration of the Membership
- Annual membership dues are non-refundable.
- Members must be 21+.
- I will treat all other MEMBERS, STAFF and the VENUE with respect.
- I will NOT bring in any open container or other alcoholic beverages NOT purchased from Steeples City Club or Uptown Indigo. If ANYONE is found to have on their person any alcoholic beverages/bottles/cans, they will be immediately removed from the premises, lose their Membership rights, no Membership Fees will be returned.
- I will not hold the Owners or Staff accountable if I consume more alcohol than I should and understand I can be requested to leave if I become disruptive or argumentative while on the premises.
- The Owners AND Staff reserve the right to refuse to sell me alcohol if I show signs of over consumption.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*EMERGENCY CONTACT:*

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_