



THE WINDSOR
C L U B

**CORPORATE
MEMBERSHIP APPLICATION**

Application must be completed in full before membership becomes active. This includes completing your membership profile on the member's website.

Company Name: _____

All Corporate Members/Designates must be a Director, Officer, or Employee of the Corporation

Primary Applicant's Information (Head of Membership):

Title: Mr. ___ Ms. ___ Miss ___ Mrs. ___ Dr. ___ Prof. ___

First & last name: _____

Company position held: _____

Email: _____

Spouse Information

Spouse's first & given name: _____

Number of children under age of 19: _____

	Child #1	Child #2	Child #3
First & given name:			
Date of birth (YY/MM/DD):			

Please attach a separate schedule if more children are applicable

The undersigned hereby applies as a corporate member at The Windsor Club (2015). If accepted as a corporate member of The Windsor Club (2015), the undersigned agrees to the following:

PLEASE INITIAL:

- Agrees to be bound by the articles, by-laws, resolutions, policies, rules and regulations of The Windsor Club (2015). It is acknowledged that the Board of Directors may change such by-laws, resolutions, policies, rules & regulations from time to time as it deems necessary or desirable.
- Acknowledges that this application for membership in The Windsor Club (2015) may only be transferred in accordance with the articles and by-laws of The Windsor Club (2015) and is subject



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to a transfer fee, as applicable. It is specifically agreed that the applicant shall not be entitled to transfer the membership applied for herein for one (1) year.

- Agrees to be liable for payment of all applicable dues, fees and house accounts, and agrees to provide a valid credit card number for all house account charges, which shall be kept on file by The Windsor Club (2015). *It is specifically agreed that payment terms shall be 30 days, and that all dues and house accounts which remain outstanding 30 days after the date on which statement has been issued shall be charged automatically to the applicable credit card.*
- The undersigned member agrees and acknowledges that the membership may not be terminated in the first year (minimum 12 months). Termination in the first year will result in the immediate payment of all remaining fees to the end of the 12-month term.
- Resignation of your Membership has to be requested in writing to the Board of Directors; all members must provide a minimum of 30-days written notice of resignation to be effective. You will be responsible for any and all charges incurred until the effective date of your resignation.

Primary Applicant's signature: _____

Date: _____



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**CORPORATE HEAD
CREDIT CARD AUTHORIZATION FORM**

I hereby authorize The Windsor Club (2015) to bill monthly membership dues, account charges and/or any outstanding monthly balances owing to the Club to the following credit card as indicated below.

Please note, in the event corporate designates are to be responsible for their own food and beverage charges, a credit card authorization form must be completed for each designate.

Effective Date (YY/MM/DD): _____

Card Type: VISA MASTERCARD AMEX

Cardholder's Name: _____

Company Name (if applicable): _____

Credit Card Number: _____

Expiry Date (MM/YY): _____ CV or Secure Code: _____

Signature: _____

Date: _____

NOTES:

1. Any changes to this authorization are to be advised in writing only.
2. Statements of Account are rendered monthly and payment is due upon receipt.
3. Any balances outstanding after 30 days from the date of statement will be automatically charged to the credit card on file.
4. The member is responsible for any and all dues and charges, as applicable including spouses and children usage.
5. This information is secure and confidential.



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Corporate Designate #1:

Title: Mr. ___ Ms. ___ Miss ___ Mrs. ___ Dr. ___ Prof. ___

Designate first & last name: _____

Company position held: _____

Email: _____

Spouse Information

Spouse's first & given name: _____

Number of children under age of 19: _____

	Child #1	Child #2	Child #3
First & given name:			
Date of birth (YY/MM/DD):			

Please attach a separate schedule if more children are applicable

Designate signature: _____ Date: _____

Corporate Designate #2

Title: Mr. ___ Ms. ___ Miss ___ Mrs. ___ Dr. ___ Prof. ___

Designate first & last name: _____

Company position held: _____

Email: _____

Spouse Information

Spouse's first & given name: _____

Number of children under age of 19: _____

	Child #1	Child #2	Child #3
First & given name:			
Date of birth (YY/MM/DD):			

Please attach a separate schedule if more children are applicable



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Designate signature: _____ Date: _____

Corporate Designate #3

Title: Mr. ___ Ms. ___ Miss ___ Mrs. ___ Dr. ___ Prof. ___

Designate first & last name: _____

Company position held: _____

Email: _____

Spouse Information

Spouse's first & given name: _____

Number of children under age of 19: _____

	Child #1	Child #2	Child #3
First & given name:			
Date of birth (YY/MM/DD):			

Please attach a separate schedule if more children are applicable

Designate signature: _____ Date: _____

Corporate Designate #4

Title: Mr. ___ Ms. ___ Miss ___ Mrs. ___ Dr. ___ Prof. ___

Designate first & last name: _____

Company position held: _____

Email: _____

Spouse Information

Spouse's first & given name: _____



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Number of children under age of 19: _____

	Child #1	Child #2	Child #3
First & given name:			
Date of birth (YY/MM/DD):			

Please attach a separate schedule if more children are applicable

Designate signature: _____ Date: _____

Corporate Designate #5

Title: Mr. ___ Ms. ___ Miss ___ Mrs. ___ Dr. ___ Prof. ___

Designate first & last name: _____

Company position held: _____

Email: _____

Spouse Information

Spouse's first & given name: _____

Number of children under age of 19: _____

	Child #1	Child #2	Child #3
First & given name:			
Date of birth (YY/MM/DD):			

Please attach a separate schedule if more children are applicable

Designate signature: _____ Date: _____

PRIVACY POLICY:

The Windsor Club (2015) is committed to maintaining the accuracy, confidentiality and privacy of personal information it its possession for members and staff in accordance with the ten privacy principles set out in the *Personal Information Protection and Electronic Documents Act* (PIPEDA). In general, The Windsor Club (2015) must obtain an individual's consent to collect, use or disclose personal information about that individual and is also required to inform the individual at the time of collection what the purpose of the collection, use or disclosure will be. The Windsor Club values its relationship with its members, employees and suppliers and is committed to the protection of the personal information within the Club's possession.



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**CORPORATE DESIGNATE
CREDIT CARD AUTHORIZATION FORM**

I hereby authorize The Windsor Club (2015) to bill monthly account charges and/or any outstanding monthly balances owing to the Club to the following credit card as indicated below.

Please note, a credit card authorization form must be completed for each corporate designate.

Effective Date (YY/MM/DD): _____

Card Type: VISA MASTERCARD AMEX

Cardholder's Name: _____

Company Name (if applicable): _____

Credit Card Number: _____

Expiry Date (MM/YY): _____ CV or Secure Code: _____

Signature: _____

Date: _____

NOTES:

1. Any changes to this authorization are to be advised in writing only.
2. Statements of Account are rendered monthly and payment is due upon receipt.
3. Any balances outstanding after 30 days from the date of statement will be automatically charged to the credit card on file.
4. The member is responsible for any and all dues and charges, as applicable including spouses and children usage.
5. This information is secure and confidential.