



THE WINDSOR
C L U B

**CHARTER/JUNIOR EXECUTIVE/EXECUTIVE/DISTINGUISHED/ASSOCIATE
MEMBERSHIP APPLICATION**

*Application must be completed in full before being
submitted to The Windsor Club administration office*

Member Category: Charter ___ Junior Executive ___ Executive ___ Associate ___ Distinguished ___

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

Applicant's first & last name: _____

Date of birth (YY/MM/DD): _____

Business Information

Employer: _____

Position Held: _____

Address _____

City: _____ Province/State: _____ Postal/ZIP Code: _____

Phone: _____ Ext. _____ Work Email: _____

Home Address

Line 1: _____

City: _____ Province/State: _____ Postal/ZIP Code: _____

Phone: _____ Personal Email: _____

Spouse's first & given name: _____

Spouse's date of birth (YY/MM/DD): _____

Spouse's Cell #: _____

Spouse's Email: _____

Special Notes/Accommodations/Allergies, etc:



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**CHARTER/JUNIOR EXECUTIVE/EXECUTIVE/ASSOCIATE/DISTINGUISHED
CREDIT CARD AUTHORIZATION**

I hereby authorize The Windsor Club (2015) to bill any balances that are over thirty days owing to the Club to my credit card as indicated below.

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.

I wish to have the provided credit card billed monthly for all dues (if applicable) and all food and beverage purchases.

I wish to pay for all of my Membership dues in advance.

Total: _____

The Windsor Club authorized signature: _____