Capitol Hill Club
FIRM TRANSFER FORM

Authorization to Transfer Firm Membership

The Association, Organization, Corporation, or Group is responsible for all dues and purchases under its Firm membership cards without exception. Change of cardholder designee within the Association is permitted when the designee is approved by the Club's Membership Committee.
Only cardholders may use the Club's facilities.

To the Committee on Membership:

_____

Name of Firm Member (Organization, Corporation or Group)

_____

Street Address & Suite Number

_____

City, State, Zip

_____

Telephone Number

*Hereby authorizes the transfer of the following membership in the National Republican Club of Capitol Hill (Capitol Hill Club). The proposed transfer applicant, if approved, agrees to abide by the Club's Bylaws, Rules and Policies and to comply with such rules as may be made pursuant thereto. The current membership card **must** accompany the application for transfer.*

_____

Signature & Date*

Please transfer our Firm Member Designee

From: _____
            Name of Capitol Hill Club Member & Account Number

To: _____
            Name of Transfer Applicant

_____

Signature of Transfer Applicant

*Signature of authorizing party cannot be the Firm Member Designee or Transfer Applicant

Capitol Hill Club

To the Committee on Membership:

_____

(Name of Association, Organization, Corporation, Group)

Hereby applies for Firm Membership in The Capitol Hill Club as indicated below and agrees, if elected, to abide by the Club's Bylaws, rules and policies and to comply with such rules as may be made pursuant thereto. The Association, Organization, Corporation, or Group is responsible for all dues and purchases under its Firm membership cards without exception. Change of cardholder designee within the Firm is permitted when the designee is approved by the Club's Membership Committee. **Only cardholders may use the Club's facilities. Please complete the name & information of the Transfer Applicant:**

_____   _____
       Full Name with Title (Mr./Ms./Mrs./Dr./Hon.)   *Familiar Name*

_____   _____
       Home Address   *City, State, Zip*

_____   _____
       Home Telephone Number   *Cell Phone Number*

_____
       Date of Birth

_____   _____
       Business / Employment   *Title*

_____   _____
       Business Address   *Business City, State, Zip*

_____   _____
       Business Telephone Number   *Business E-mail*

I would like a membership card for my spouse. □ *Yes* □ *No*

_____   _____
       Spouse's Full Name   *Spouse's Email Address*

Firm members are billed at the business address. Please check here to change correspondence to: □ *Home*
You will automatically be enrolled in e-billing to your primary email address.
□ *Check here to opt out of e-billing statements and your monthly statement will be sent to your preferred correspondence.*

_____
Name and title of the person submitting the application

_____
Signature

***************OPTIONAL CREDIT CARD FOR FILE***************

□ *I authorize the Capitol Hill Club to charge my* **monthly statement balance** *to the credit card listed below.*

Card Type: *(select one)*   *American Express*   *Visa*   *Master Card*   *Discover*

Card Number: _____

Expiration Date: _____/_____   *Security Code* _____
Billing Address: _____

Email Address for
E- Statements: _____

_____
Signature   *Date*