

METRO

CLUB

FIDDLER'S GREEN

MEMBERSHIP APPLICATION

Please check the category of Membership you are applying for. Refer to Membership categories and fee information for pricing, number of designees and dedicated parking spaces. Corporate Memberships are required to provide the names / contact information of each designee.

CORPORATE*

Owned by the Corporation and designated to the designees of their choice within the company. May be re-assigned from time to time by paying a small re-designation fee. Corporate Memberships are allowed a 20% reduction on the monthly dues. Dues \$180 per month, per designee.**

- **Five Star** \$100,000 one-time initiation fee / five parking spaces / up to 20 designees
- **Four Star** \$75,000 one-time initiation fee / four parking spaces / up to 15 designees
- **Three Star** \$50,000 one-time initiation fee / three parking spaces / up to 10 designees
- **Two Star** \$40,000 one-time initiation fee / two parking spaces / up to 8 designees
- **One Star** \$25,000 one-time initiation fee / one parking space / up to 5 designees

FOUNDER MEMBERSHIP*

- \$5,000 one-time initiation fee / Limited Memberships Available / Dues \$200 per month**
Includes Spouse / Partner and Dependent Children, up to age 22, living in the same household.

PERSONAL

- \$2,500 one-time initiation fee / Dues \$200 per month**
Includes Spouse / Partner and Dependent Children, up to age 22, living in the same household.

YOUNG PROFESSIONAL *39 and under*

- \$750 one-time initiation fee / Dues \$150 per month**
Includes Spouse / Partner and Dependent Children, up to age 22, living in the same household.

*One name recognition included on honorary bronze plaque, invitation to annual dinner in their honor and other recognition to be determined.

**Monthly Dues will not begin until Club launch.



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PERSONAL MEMBERSHIP APPLICATION Please print or type

Nominated By

Phone

Name of Applicant (First, Last)

Email

Birthday (Month, Day)

Anniversary

Home Address

City

State

Zip

Phone

Mobile Phone

Name of Spouse / Partner at same Address: (First, Last)

Email

Phone

Mobile Phone

Birthday (Month, Day)

Dependent Children (up to age 22, living in the same household.)

Name (First, Last)

Birthday (Month, Day, Year)

Name (First, Last)

Birthday (Month, Day, Year)

Name (First, Last)

Birthday (Month, Day, Year)

Personal Reference

Phone

Email

Personal Reference

Phone

Email



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CORPORATE MEMBERSHIP APPLICATION Please print or type

Nominated By

Name of Corporate Applicant (First, Last)

Email

Birthday (Month, Day)

Business Address

City

State

Zip

Phone

Mobile Phone

Name of designees: (First, Last, Email)

Business Reference

Phone

Email

Business Reference

Phone

Email

Business Reference

Phone

Email



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MEMBERSHIP METHOD OF PAYMENT Please print or type

.....
Billing Name (First, Last)

.....
Billing Address

.....
City

.....
State

.....
Zip

.....
Phone

.....
Email

Method of Payment: **Check**

Master Card

Visa

Amex

.....
One-time Initiation \$ Amount

.....
Monthly Dues \$ Amount**

.....
Check #

.....
Card #

.....
Security Code

.....
Signature

.....
Date

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