MEMBERSHIP APPLICATION

Applicant Information: *(Must be 21 years of age or older)*

Full Legal Name: _____ **Date of Birth:** ___ / ____ / _____

Preferred Name/Nickname: _____ **Phone:** _____

Home Address: _____

Driver's License / ID #: _____ **State Issued:** _____ **Email:** _____

Occupation: _____ **Employer / Business Name:** _____

Membership Options:

- ☐ BASIC INDIVIDUAL MEMBERSHIP - $120 month
  - 10% discount on cigar purchases
  - 12% discount on cigar box purchases
  - Free cigar at sponsored cigar tastings (limited to sponsor's allotment)
- ☐ VIP INDIVIDUAL MEMBERSHIP - $150 month
  - 12% discount on cigar purchases
  - 15% discount on cigar box purchases
  - Free cigar at sponsored cigar tastings
  - Half cigar locker (cigar lockers available at the Grand Opening)
  - Featured "Cigar of the Month" placed in your locker the first business day of the month
- ☐ ELITE INDIVIDUAL MEMBERSHIP - $200 month
  - 15% discount on cigar purchases
  - 18% discount on cigar box purchases
  - Free cigar at sponsored cigar tastings
  - Full cigar locker (cigar lockers available at the Grand Opening)
  - Featured "Cigar of the Month" placed in your locker the first business day of the month
  - Quarterly social events with a free premium cigar
- ☐ CORPORATE MEMBERSHIP - $360 month (for registered businesses only)
  - Maximum of 4 participants (names need to be registered)
  - 10% discount on cigar purchases
  - 12% discount on cigar box purchases
  - Free cigar at sponsored cigar tastings (limited to sponsor's allotment)
  - Full cigar locker (cigar lockers available at the Grand Opening)
- ☐ OUT-OF-STATE SEASONAL MEMBERSHIP (Must provide an out-of-state driver's license)
  - Select one of the memberships above for month to month
- ☐ SIGNIFICANT OTHER MEMBERSHIP (based on 1/2 the cost of an individual membership above)

Sponsorship, References & Personal Info:

Are you being referred by a current member? □ Yes □ No If yes: Name: _____

Personal References:

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

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How did you hear about the club?

☐ Member Referral ☐ Social Media ☐ Event ☐ Website ☐ Walk-In ☐ Other: _____

What interests you most about membership?

☐ Premium Cigars. ☐ Networking ☐ Private Events ☐ Liquor / Spirits Pairings ☐ Business Meetings

☐ Relaxation & Social Atmosphere ☐ Other: _____

How often do you anticipate visiting the lounge?

☐ _____ x's Week ☐ Weekly ☐ Several Times Per Month ☐ Monthly ☐ Special Events Only

Cigar Choices?

Regular "Go-To" Cigar: _____

Favorite/Special Event Cigar: _____

Membership Agreement / By signing below, I acknowledge and agree to the following:

- I am at least 21 years of age.
- I understand that membership approval is subject to club review and discretion.
- I agree to abide by all club rules, policies, dress codes, and conduct expectations (posted at the club).
- I understand that membership fees are non-refundable unless otherwise stated.
- I understand that membership is continuous.
- I understand that memberships that begins other than the 1st day of the month will be prorated based on a 30 day month.
- I consent to receiving club-related communications and event notifications.
- I acknowledge that inappropriate behavior may result in suspension or termination of membership without refund.
- Monthly dues and any additional charges from the previous month will be automatically charged to the credit card on file at the first of each month.

Liability Waiver

I voluntarily assume all risks associated with participation in Summit Club activities and use of the facilities. I release and hold harmless the Summit Club, its owners, staff, and affiliates from liability arising from injury, illness, loss, or damages occurring on club premises or during club- sponsored events. I understand the conduct of my guests will be my responsibility. New memberships will be subject to a 90 probationary period. Members and guests assume all risks associated with consuming alcohol on club premises. The club operates strictly on a BYOB basis. The club does not monitor or control alcohol consumption. The Summit Club accepts zero liability for injury, damage, or legal issues resulting from intoxication.

Applicant Signature: _____ Date: ____ / ____ / _____

Please call or come in-person to provide your credit card information.

For Club Use Only

Application Received By: _____ Date Received: ____ / ____ / _____

Reference Check Completed: ☐ Yes ☐ No **Membership Approved:** ☐ **Yes** ☐ **No Start Date: ____ / ____ / _____**

Membership Level Assigned: _____ Member Number: _____

Notes: _____