

MEMBERSHIP NOMINATION

I hereby apply for _____ Membership
• Resident • Jr. Resident • Non-Resident • Associate I • Associate II • Non-resident • Clergy

A la carte Athletic fee

Diamond Club

Name _____ Birth date: _____
First Middle Last

Home Address: _____ Home Telephone: _____

Cell phone: _____

City: _____ State: _____ Zip Code + 4: _____

Social Security No: _____

Firm/Corporation: _____ Position: _____

Nature of Business: _____

Business Address: _____ Telephone: _____

City: _____ State: _____ Zip Code + 4: _____

Bank Reference: _____

Proposed By: _____ Club #: _____

Seconded By: _____ Club #: _____

Spouse's Name _____ Birth date: _____
First Middle Last

Firm/Corporation: _____ Position: _____

Nature of Business: _____

Business Address: _____ Telephone: _____

City: _____ State: _____ Zip Code + 4: _____

Dependent's Name: _____ Birth Date: _____ School: _____

Dependent's Name: _____ Birth Date: _____ School: _____

Dependent's Name: _____ Birth Date: _____ School: _____

Dependent's Name: _____ Birth Date: _____ School: _____

Please complete both sides

Membership Application



*I*t is our pleasure to consider your application for membership in the Missouri Athletic Club. The membership categories are as follows:

- Resident (age 35 and over)
- Associate I (ages 21-25)
- Associate II (ages 26-30)
- Jr. Resident (ages 31-34)
- Non-resident (business and home over 50 miles from clubhouse)
- Clergy (ordained and actively engaged in religious work)

Each applicant must be proposed and seconded by current voting members in good standing.

Should you have any questions or wish to inquire as to the status of your application, please call the Membership Director at 314-539-4465 or 314-539-4408.

We are delighted you have elected to apply for membership in our great club.

The Board of Governors

General Information

Mail Statements: Home Business Social Activities and M.A.C. publications: Home Business

List family members who: Have Been Members Are Current Members

Have you or your spouse been a previous M.A.C. member? No Yes

If Yes, Dates of Membership _____

Which clubhouse will you be utilizing most frequently? DT West

Which clubhouse will your spouse/family be utilizing most frequently? DT West

Please indicate you and your family's interest in the following areas:

Please check the boxes that interest you.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Outdoor Pool (West) | <input type="checkbox"/> Associates (Under 31) | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Golf | <input type="checkbox"/> Singing (Apollos) | <input type="checkbox"/> Family Oriented Activities |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Youth Camps and Programs | <input type="checkbox"/> Arts and Cultural | <input type="checkbox"/> Hunting/Fishing |
| <input type="checkbox"/> Handball | <input type="checkbox"/> Social and Dining Events | <input type="checkbox"/> Aviation | <input type="checkbox"/> Krewe |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Meeting Rooms | <input type="checkbox"/> Biking | <input type="checkbox"/> Military History |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Catered Events | <input type="checkbox"/> Books | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Overnight Guest Rooms | <input type="checkbox"/> Breakfast Network | <input type="checkbox"/> Outdoor Adventure |
| <input type="checkbox"/> Martial Arts | | <input type="checkbox"/> Cards - Bridge | <input type="checkbox"/> Red Hat Ladies |
| <input type="checkbox"/> Fitness Classes | | <input type="checkbox"/> Charity Society | <input type="checkbox"/> Scuba |
| <input type="checkbox"/> Personal Training | | <input type="checkbox"/> Cigar | <input type="checkbox"/> Toastmasters |
| <input type="checkbox"/> Massage | | <input type="checkbox"/> Classic Car | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Indoor Pool (Downtown) | | <input type="checkbox"/> Cooking | <input type="checkbox"/> Wine |

Would you be interested in serving on any of the following committees? Finance Athletics Membership

What College/University did you attend? _____

What College/University did your spouse attend? _____

Please list your e-mail address. Home: _____ Office: _____

I submit this information as correct and agree to confirm to the Missouri Athletic Club constitution, By-Laws and Rules. I grant permission to the Club to conduct whatever investigation of my qualifications it may believe necessary. I understand any misstatements may be sufficient ground for rejection of my application, or expulsion from membership, if elected.

Conditions Respecting Fees: I agree to pay any increased initiation fee or monthly dues that may be determined by the Board of Governors prior to my acceptance into M.A.C. membership.

Your Initiation Fee Must Accompany Your Application

Respectfully submitted,

Date: _____

Member # _____ Initiation fee paid _____ Date application received _____

Date of first billing _____ Date approved _____