



Corporate Membership Application

Company Name: _____

Mailing Address: _____
(Street or PO Box #)

(City) _____ (State) _____ (Zip) _____
Primary Contact Name: _____ Email: _____

Office Phone: _____ Mobile Phone: _____

Designated Member #1 Name: _____ Date of Birth: _____

Mailing Address: _____
(Street or PO Box #) _____ (City and State) _____ (Zip) _____

Work Phone: _____ Mobile Phone: _____ Email: _____

Add Spouse for \$900 Spouse Name: _____ Date of Birth: _____

Add Children at \$350 x _____ Children

Children (If applicable): Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Designated Member #2 Name: _____ Date of Birth: _____

Mailing Address: _____

Work Phone: _____ Mobile Phone: _____ Email: _____

Add Spouse for \$900 Spouse Name: _____ Date of Birth: _____

Add Children at \$350 x _____ Children

Children (If applicable): Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Designated Member #3 Name: _____ Date of Birth: _____

Mailing Address: _____

Work Phone: _____ Mobile Phone: _____ Email: _____

Add Spouse for \$900 Spouse Name: _____ Date of Birth: _____

Add Children at \$350 x _____ Children

Children (If applicable): Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

I certify that I am an authorized representative of the above corporation, and acknowledge that the information provided in this application for membership to Crumpin-Fox Club (CFC), a semi-private club, is true and correct. I hereby agree that our guests and members will abide by the rules and regulations of CFC as now in effect or amended hereafter; I understand that a credit agreement will need to be completed and failure to make any payments by the due date may result in the suspension or cancellation of the membership privileges of our designated executives.

Authorized Representative Signature:

Date: _____