



THE BELLEVUE CLUB

525 Bellevue Avenue
Oakland CA 94610

Tel 510.451.1000 Fax 510.832.0219 email <reception@bellevueclub.org>
www.bellevueclub.org

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in The Bellevue Club. I agree to be responsible for all charges incurred to my account by myself, spouse, significant other, or domestic partner.

Signature of Applicant _____ Date _____

Please print name below as you wish it to appear in roster. (Miss, Ms., Mrs., Mr., Dr.)

NAME _____
Last First Initial

HOME ADDRESS _____
Street City State/Zip

BILLING ADDRESS (if different from residence) _____

TEL (____) _____ FAX (____) _____ E-MAIL _____

BIRTHDATE _____ OCCUPATION _____

BUSINESS ADDRESS _____ TEL (____) _____
Street City State/Zip

MARITAL/RELATIONSHIP STATUS _____ PARTNER'S NAME _____

CHILDREN'S NAMES and AGES (if under 18) _____

MEMBERSHIP CATEGORY

- Regular Junior Regular Lifetime Associate* Couples Surviving Spouse/Domestic Partner
- Family Athletic Swimming (individual)

*Associate Members may be either Dining or Fitness

SPECIAL INTERESTS _____

IN CASE OF EMERGENCY, PERSON TO NOTIFY: (Please print name, relationship, and telephone no.)

Upon completion of all of the above, please return to your primary sponsor.

SIGNATURES REQUIRED:

1. SPONSOR _____ (Date Joined: _____)

2. Co-Sponsor _____ 3. Co-Sponsor _____

FOR OFFICE USE ONLY

Date of Election _____ Membership No. _____ Fee Rec'd _____