



# Lancers Club

Club number: 915.584.4421 ♦ fax 915.581.0305 ♦ www.lancersclub.com  
LANCERS CLUB CORONADO TOWER ♦ 6006 N. Mesa 11th Floor ♦ El Paso, Texas 79912  
LANCERS CLUB TRAWOOD ♦ 3135 Trawood ♦ El Paso, TX 79936 ♦ lancersc@lancersclub.com

## APPLICATION FOR MEMBERSHIP

Applicant's name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse's name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_ Anniversary Date \_\_\_\_\_

Residence address \_\_\_\_\_ Zip \_\_\_\_\_

Office address \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Office phone \_\_\_\_\_ Home phone \_\_\_\_\_

Name of firm \_\_\_\_\_ Nature of business or profession \_\_\_\_\_

How long have you been with your present firm: \_\_\_\_\_ Position held \_\_\_\_\_ Title \_\_\_\_\_

Banking reference(s) \_\_\_\_\_

Credit references (please list two) 1) \_\_\_\_\_

2) \_\_\_\_\_

Recommended by: \_\_\_\_\_

1. Type of membership: **Dual Club: Social**
2. Initiation fee: For such membership, I herewith agree to pay The Lancers Club **\$150.00**
3. Monthly dues: I understand that dues for this membership are **\$19.00** per month

It is distinctly understood and agreed that I am assuming no liabilities whatsoever in connection with such membership other than the payment of the sums set out in Paragraphs 2 and 3 above, and charges incurred by me and my family and guests in the use of the Club and that such membership does not confer upon me any ownership of Club property or assets. I authorize the Club to order a consumer credit report prior to or after approval. If this application is disapproved by the Club, all funds deposited herewith shall be immediately refunded, and this agreement shall be cancelled and thereafter held for naught. It is further understood and agreed that I may resign from the Club at any given time by giving written notice to the Club and by paying any dues or other charges for which I may be liable, and that upon such resignation I shall not thereafter be subject to any further dues or other charges.

By providing the following information, I give the Lancers Club permission to automatically debit my credit card for the amount of my past due balance exceeding 60 or more days. Check type of card: \_\_\_\_\_ Visa , \_\_\_\_\_ Mastercard , \_\_\_\_\_ Amex., \_\_\_\_\_ Discover Expiration date \_\_\_\_\_

Name as it reads on the credit card: \_\_\_\_\_ Card # \_\_\_\_\_

I hereby apply for membership in The Lancers Club and agree, if elected to membership, to conform to and be bound by the rules and regulations of the Club applicable to the membership for which I am applying.

APPLICANT'S SIGNATURE(S):

\_\_\_\_\_  
First Authorized Signature

\_\_\_\_\_  
Second Authorized Signature

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
THE LANCERS CLUB OF EL PASO, INC.

By: \_\_\_\_\_  
Membership Secretary