

The Atlanta Black Tie Club

APPLICATION FOR MEMBERSHIP (PLEASE PRINT)

NAME: _____

DATE: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE #: _____
(CELL PHONE NUMBER PREFERRED)

OFFICE PHONE #: _____

E-MAIL: _____

BIRTHDAY MONTH: _____ DAY: _____

NAME OF EMPLOYER OR BUSINESS:

CURRENT TITLE OR POSITION OR RETIRED: _____

ARE YOU 45 OR OLDER: YES NO

ARE YOU SINGLE? YES NO (MEANING DIVORCED, WIDOWED, WIDOWER,
OR NEVER HAVING BEEN MARRIED)

CAN YOUR PERSONAL INFORMATION BE POSTED ON OUR WEBSITE? YES NO

PLEASE TELL US SOMETHING ABOUT YOURSELF INCLUDING SUCH THINGS AS SCHOOLS ATTENDED, SPECIAL INTERESTS, ACHIEVEMENTS, CIVIC AND SOCIAL ACTIVITIES ETC. (CONTINUE ON BACK IF NECESSARY). BY SIGNING THIS APPLICATION, YOU ARE GIVING THE BOARD PERMISSION TO VERIFY ALL INFORMATION PROVIDED.

INITIATION FEE FOR MEMBERSHIP IN THE ATLANTA BLACK TIE CLUB IS \$100.00 AND ANNUAL DUES ARE \$175.00. PLEASE SEND YOUR COMPLETED APPLICATION ALONG WITH YOUR CHECK PAYABLE TO THE ATLANTA BLACK TIE CLUB, IN THE AMOUNT OF \$275.00 TO:

MR. NORM SCHOER 440 CLEARWATER PLACE LAWRENCEVILLE, GA 30044

SPONSOR'S NAME (PLEASE PRINT)

SPONSOR'S SIGNATURE

APPLICANT'S SIGNATURE

PHOTO MUST ACCOMPANY APPLICATION!

LEGAL NOTICE: BY SUBMITTING THIS APPLICATION, YOU ACKNOWLEDGE AND AGREE THAT THE ATLANTA BLACK TIE CLUB MAY CONDUCT A ROUTINE INTERNET-BASED BACKGROUND CHECK AS PART THE MEMBERSHIP REVIEW PROCESS

SMALL PHOTO REQUIRED