



SUPPLEMENTAL APPLICATION ADDENDUM

Your privacy is important to us.

The information provided below will remain confidential and is for office use only.

Please provide the Social Security number of the primary member. I understand a routine credit check will be performed to complete the application process. I agree to abide by the House Rules and the By-Laws of the Columbia Club and shall be responsible for any and all charges incurred on the account and authorize release of photos for Club publications.

Primary Member _____ Social Security Number _____

Authorized Signature _____

- Please process my non-refundable initiation fee via credit card
- Please process my non-refundable initiation fee via electronic funds transfer - ACH

Initiation fee payments will not be processed until approval for membership is granted.

- Upon approval, I would like to set up auto payment on my credit card
- Upon approval, please set me up for automatic payments through my banking institution

CREDIT CARD

VISA MasterCard American Express Discover

Cardholder Name _____

Card Number _____ Expiration Date _____ CSV _____

Authorized Signature _____

ACH

Name _____

Bank Name _____ Type of Account _____

Account Name _____ Routing Number _____

Authorized Signature _____ Date _____