

LE CLUB AT CIGARVILLE

Application for Membership

Annual Associate Membership \$ 1000.00

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Optional Business Information

Business Name: _____

Position: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Credit Card Information

Card Type _____ Name on Card _____

Card Number _____ Expiration Date _____

How I Heard About Le Club at Cigarville _____

Sponsor _____

I submit this application to apply for membership in **Le Club at Cigarville**. I agree to pay my annual membership fee as soon as I am notified that my application has been accepted. I agree to provide a current credit card for monthly billing I also agree to abide by all rules set forth by the Board of Directors and contained in the Articles, Bylaws and house rules of the Society. I am over 21 years old.

By submitting this application, I agree to release, indemnify, and hold harmless Le Club at Cigarville, from any liability for any claims, known or unknown, that may exist or arise during my membership in the Society. I further understand that the use of cigars and alcohol may be hazardous to my health, and consumption of same is voluntary and at my own risk.

Signature: _____ Date: _____