



APPLICATION FOR FIRM MEMBERSHIP

2025 Initiation fees and dues for each Firm Member are as follows:

☐ **First Member**

First Individual's Initiation Fee \$6000
Annual Dues \$2250
Quarterly Minimum Spending \$250

☐ **Fourth Member**

Fourth Individual's Initiation Fee \$5000
Annual Dues with 4 Members ** \$1725 Each
No Minimum Spending

☐ **Second Member**

Second Individual's Initiation Fee \$5500
Annual Dues with 2 Members ** \$1945 Each
Quarterly Minimum Spending \$150

☐ **Fifth Member**

Fifth Individual's Initiation Fee \$4750
Annual Dues with 5 Members ** \$1615 Each
No Minimum Spending

☐ **Third Member**

Third Individual's Initiation Fee \$5250
Annual Dues with 3 Members ** \$1835 Each
Quarterly Minimum Spending \$125

☐ **Six or More Members**

Sixth or More Individual's Initiation Fee \$4750
Annual Dues with 6 Members ** \$1510 Each
No Minimum Spending

** Annual dues are billed to each member. Initiation fees and membership dues are non-refundable and subject to change. Your organization may choose to increase its number of Firm Members at any time. Designees may be changed with a \$250.00 transfer fee. **Details on Non-Resident Firm membership is available upon request.** Please contact the Club's Membership Director to review your options: 202-406-1251 or cindy@capitolhillclub.org

NOMINATION TO MEMBERSHIP

Membership in the Capitol Hill Club is by invitation only. No person shall be considered for election to membership until proposed by a member and seconded by another member in writing, provided at least one of the two members is a voting member of the Club. Voting members include Life, Resident, Junior Resident and Retired Resident. The Capitol Hill Club does not have any restrictions as to race, gender, religion, sexual orientation, or national origin.

MEMBERSHIP PROCESS

The membership process can take up to twelve weeks. The candidate must submit the completed membership application with a short biography. The candidate's application will be presented to the Membership Committee and the Executive Committee for final approval. Upon approval, the Capitol Hill Club will issue an account number and the proper membership information to the new member. A transfer fee will be required if the candidate is replacing another member.

RESIGNATION

Any person that decides to terminate his/her membership with the Capitol Hill Club must notify the Membership Director, in writing, return the membership card(s) and pay the account balance in full. Firm membership allows for a change in designee(s) within the Firm. Please contact the Club's Membership Director to receive the proper forms to request for a change in designee(s).

DUES AND FEES

The Board of Governors reserves the right to change the dues and initiation fees at any time. Dues and other payments to the Capitol Hill Club are not deductible as charitable contributions. Initiation fees and membership dues are non-refundable.

PAYMENT FOR INITIATION FEES DUE UPON RECEIPT OF APPLICATION

- ☐ Check attached ☐ Use credit card below ☐ ACH/ PO Request (Invoice and details to follow)
☐ I authorize the Capitol Hill Club to make a **one-time charge** to the credit card listed below.
☐ I authorize the Capitol Hill Club to charge my **monthly statement balance** to the credit card listed below.

Firm Name _____

Cardholder's Name _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature _____

Date _____



APPLICATION FOR FIRM MEMBERSHIP

Please complete application and sections below for each individual applying for Firm Membership. Applications should be returned to Membership.

(Name of Firm)

hereby submits the following individual(s) for membership at the Capitol Hill Club as indicated below and agrees, if elected, to abide by the Club's Bylaws, rules and policies and comply with such rules as may be made pursuant thereto. The Firm is responsible for all dues and purchases under its membership cards without exception. Change of cardholder designee within the Firm is permitted when the designee is approved by the Club's Board of Governors.

Only the member named on the card may use the Club.

Please check one of the following billing instructions:

☐ Use the address below for all member billing. ☐ Bill members at home.

Sponsors & Current Member:

Billing Address

City, State, Zip

Telephone Number

Authorizing Signature (Officer, Partner, Owner)

Applicant(s)

Full Name with Title (Mr./Ms./Mrs./Dr./Hon.)

Home Address

City, State, Zip

Cell Phone Number

Date of Birth

E-mail Address

Billing E-mail Address

Secondary Billing E-mail Address for E-statements

I would like a membership card for my spouse.

☐ Yes ☐ No

Spouse's Full Name

Full Name with Title (Mr./Ms./Mrs./Dr./Hon.)

Home Address

City, State, Zip

Cell Phone Number

Date of Birth

E-mail Address

Billing E-mail Address

Secondary Billing E-mail Address for E-statements

I would like a membership card for my spouse.

☐ Yes ☐ No

Spouse's Full Name

First CHC Member Name and Member Number (**PRINT**)

(Member Signature)

Second CHC Member Name and Member Number (**PRINT**)

(Member Signature)

List Current Firm Members:

Full Name with Title (Mr./Ms./Mrs./Dr./Hon.)

Home Address

City, State, Zip

Cell Phone Number

Date of Birth

E-mail Address

Billing E-mail Address

Secondary Billing E-mail Address for E-statements

I would like a membership card for my spouse.

☐ Yes ☐ No

Spouse's Full Name



PLEASE PROVIDE A BRIEF BIOGRAPHY (300-WORDS OR LESS).
(Submit answer below for a single person applicant. If needed, please attach additional biographies to application.)