



## **APPLICATION FOR INDIVIDUAL MEMBERSHIP**

I hereby apply for Capitol Hill Club membership in the following category:

- ☐ Junior Associate 21-25   ☐ Junior Resident 26-28   ☐ Junior Resident 29-31  
☐ Resident 32   ☐ Resident 33   ☐ Resident 34   ☐ Resident 35+   ☐ Government   ☐ Non-Resident

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Preferred Name on Membership Card

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Home Telephone Number

\_\_\_\_\_  
 Personal Cell Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Business / Employment

\_\_\_\_\_  
 Title **Is this a federal position ☐ Yes ☐ No**

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 Business City, State, Zip

\_\_\_\_\_  
 Business Telephone Number

\_\_\_\_\_  
 Business E-mail   ☐ **Check if primary**

\_\_\_\_\_  
 Personal E-mail Address   ☐ **Check if primary**

\_\_\_\_\_  
 E-mail Address to receive copy of E-Statements

**Please send correspondence to:**   ☐ Home   ☐ Business

**You will automatically be enrolled in e-billing to your primary email address.**

I would like a membership card for my spouse.   ☐ Yes   ☐ No

\_\_\_\_\_  
 Spouse's Full Name

\_\_\_\_\_  
 Spouse's Email Address

\_\_\_\_\_  
 Proposed by  
 (Printed Name of CHC Member)

\_\_\_\_\_  
 CHC #

\_\_\_\_\_  
 Seconded by  
 (Printed Name of CHC Member)

\_\_\_\_\_  
 CHC #

\_\_\_\_\_  
 Proposed by  
 (Signature of CHC Member)

\_\_\_\_\_  
 Seconded by  
 (Signature of CHC Member)

**Have you ever been a member of the Capitol Hill Club?**   ☐ Yes   ☐ No

**In submitting this application, I understand that normal reference procedures as established by the Club will be undertaken. If elected to membership, I agree to abide by the Club bylaws, rules and policies as in effect from time to time and to comply with such rules as may be made pursuant thereto**

\_\_\_\_\_  
 Signature (Required)

\_\_\_\_\_  
 Date



## APPLICATION FOR INDIVIDUAL MEMBERSHIP

### 2025 CATEGORIES:

#### JUNIOR MEMBERSHIP

Individuals Ages 21-31. Initiation fee and dues structure are determined by your age at the time of enrollment.

- ♦ JA: JUNIOR ASSOCIATE MEMBER Ages 21-25 Initiation Fee \$1000, Monthly Dues \$48, Quarterly Food/Beverage Minimum \$105
- ♦ JR: JUNIOR RESIDENT MEMBER Ages 26-28 Initiation Fee \$1300, Monthly Dues \$72, Quarterly Food/Beverage Minimum \$120
- ♦ JW: JUNIOR RESIDENT MEMBER Ages 29-31 Initiation Fee \$1750, Monthly Dues \$80, Quarterly Food/Beverage Minimum \$120

#### FUTURE RESIDENT MEMBER GRADUATED DUES

Individuals Ages 32-34. Initiation fee and dues structure are determined by your age at the time of enrollment.

- ♦ R2: Age 32 Initiation Fee \$2300, Monthly Dues \$108, Quarterly Food/Beverage Minimum \$175
- ♦ R3: Age 33 Initiation Fee \$2500, Monthly Dues \$120, Quarterly Food/Beverage Minimum \$175
- ♦ R4: Age 34 Initiation Fee \$3500, Monthly Dues \$132, Quarterly Food/Beverage Minimum \$210

Your dues are subject to change with age according to the graduated dues structure listed.

#### ♦ RESIDENT MEMBERS

Individuals Age 35 & Over. Initiation Fee \$6000, Monthly Dues \$171, Quarterly Food/Beverage Minimum \$250

#### ♦ GOVERNMENT MEMBER

Individuals employed by the federal government. Initiation Fee \$1750, Monthly Dues \$88, Quarterly Food/Beverage Minimum \$250

#### ♦ NON-RESIDENT MEMBER

No office or residence within 75 miles of Washington, DC. Please include payment for the initiation fee and first year's annual dues. Initiation Fee \$2500, Annual Dues \$650

#### FIRM MEMBERSHIP

Firm Membership stays with the Firm/Organization and is budgeted for multiple members. The designee is changeable. Please contact the Director of Membership for Firm membership application information. Phone: 202.406.1251 E-mail: membership@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, Resident Junior 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 candidate must submit the completed membership application with the applicable initiation fee. 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.

#### 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.

#### 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 -- details to follow under separate cover

Card Holders Name: \_\_\_\_\_

Card Type: (select one) ☐ American Express ☐ Visa ☐ Master Card ☐ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ☐ I authorize the Capitol Hill Club to make a **one-time charge** to the credit card listed above.  
☐ I authorize the Capitol Hill Club to charge my **monthly statement balance** to the credit card listed above.

Email address to receive copies of monthly statements: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

*Please provide a brief 300-word biography. (Please submit answer below)*