

FIRM TRANSFER FORM



Authorization to Transfer Firm Membership

The Association, Organization, Corporation, or Group is responsible for all dues and purchases under its Firm membership cards without exception. Change of cardholder designee within the Association is permitted when the designee is approved by the Club's Membership Committee.

Only cardholders may use the Club's facilities.

To the Committee on Membership:

Name of Firm Member (Organization, Corporation or Group)

Street Address & Suite Number

City, State, Zip

Telephone Number

*Hereby authorizes the transfer of the following membership in the National Republican Club of Capitol Hill (Capitol Hill Club). The proposed transfer applicant, if approved, agrees to abide by the Club's Bylaws, Rules and Policies and to comply with such rules as may be made pursuant thereto. The current membership card **must** accompany the application for transfer.*

*Signature & Date**

Please transfer our Firm Member Designee

From: _____
Name of Capitol Hill Club Member & Account Number

To: _____
Name of Transfer Applicant

Signature of Transfer Applicant

****Signature of authorizing party cannot be the Firm Member Designee or Transfer Applicant***



To the Committee on Membership:

(Name of Association, Organization, Corporation, Group)

Hereby applies for Firm Membership in The Capitol Hill Club as indicated below and agrees, if elected, to abide by the Club's Bylaws, rules and policies and to comply with such rules as may be made pursuant thereto. The Association, Organization, Corporation, or Group is responsible for all dues and purchases under its Firm membership cards without exception. Change of cardholder designee within the Firm is permitted when the designee is approved by the Club's Membership Committee. **Only cardholders may use the Club's facilities.**

Please complete the name & information of the Transfer Applicant: There is a \$250.00 transfer fee once approved.

_____	_____
Full Name with Title (Mr./Ms./Mrs./Dr./Hon.)	Familiar Name
_____	_____
Home Address	City, State, Zip
_____	_____
Home Telephone Number	Cell Phone Number
_____	_____
Date of Birth	
_____	_____
Business / Employment	Title
_____	_____
Business Address	Business City, State, Zip
_____	_____
Business Telephone Number	Business E-mail
_____	_____
Primary Sponsor's Full Name (Print)	Primary Sponsor's Signature
_____	_____
Secondary Sponsor's Fully Name (Print)	Secondary Sponsor's Signature

Firm members are billed at the business address. Please check here to change correspondence to: ☐ Home
 You will automatically be enrolled in e-billing to your primary email address.
☐ Check here to opt out of e-billing statements and your monthly statement will be sent to your preferred correspondence.

 Name and title of the person submitting the application

 Signature

*******OPTIONAL CREDIT CARD FOR FILE*******

☐ I authorize the Capitol Hill Club to charge my **monthly statement balance** to the credit card listed below.

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

Card Number: _____

Expiration Date: ____/____ Security Code _____

Billing Address: _____

Email Address for _____

E- Statements: _____

 Signature Date

300 First Street, Southeast
 Washington, DC 20003
 202-484-4590



PLEASE PROVIDE A BRIEF BIOGRAPHY (300-WORDS OR LESS)

(Please submit answer below.)