THE UNIVERSITY	CLUB OF WASHINGTON, DC
MEMBERSHIP	APPLICATION FORM

# 1135 16TH STREET NW, WASHINGTON, DC 20036 WWW.UNIVERSITYCLUBDC.COM

DATE_	Mer	nber Type Applying	For	Member N	Number
<ol> <li>Propos</li> <li>Govern</li> <li>Curren</li> <li>Profile</li> </ol>	sing Sponsor's Letter of R nment Issued ID nt Resume or Bio	t be Forward Facing & Uno			
Prefix	First	Middle	Last	Suffix	Nickname/Preferred Name
Date of Bir	th		Place of Birth		
Mobile Pho Primary Resid Address	one Number <sup>dential</sup>	Home Ph	none Number	Email Address	
Address	Street		· · · · · · · · · · · · · · · · · · ·	Apt/Ste Number	
Vacation/Seco Address	City	Sta	ite	Zip Code	
nuicis	Street			Apt/Ste Number	
Employment	City	Sta	te	Zip Code	
Information	Employer Name	Inc	lustry	Job Title	
Employment	Business Phone Number	Ext.		Business Email Address	
Address	Street	Suite/Floor	City	State	Zip Code
		EDUCATIO	ON & MILITARY SEI	RVICE	
EDUC	ATION Un	iversity	Degree		Year Graduated
Undergrad Graduate S	School:				
MILIT. Are you a Branch:	ARY SERVICE Veteran of or currently servi	ing the U.S. Armed Forces?	Yes No		
Rank & Da	ates of Service:				
		PROPOSER 8	& SECONDER NOMI	NATION	
WE NO	DMINATE THIS A	PPLICANT FOR ME	EMBERSHIP:		
Proposing S	Sponsor's Name*	E-mail		Phone Number	Member Number
Seconding S	Sponsor's Name	E-mail		Phone Number	Member Number

\*The Proposing Sponsor must submit a Letter of Recommendation on the Candidate's behalf and submit it to Membership@universityclubdc.com.

#### MEMBERSHIP TYPE CATEGORY RATES

Rates and fees effective January 1, 2025 and are subject to change.				
Membership Type Categories	Initiation Fee	Monthly Dues	Mansion Preservation Fund	
Resident (Ages 35+)	\$7,500	\$525	\$75	
Resident (Ages 30-34)*	\$3,500	\$413	\$50	
Resident (Ages 25-29)*	\$2,000	\$306	\$50	
Resident (Ages 21-24)*	\$2,000	\$157	\$50	
Non-Resident**	\$3,000	\$199	\$30	
Clergy	\$2,000	\$295	\$50	
Diplomatic Corps	\$2,000	\$146	\$50	

\*If applying for an aged based category, once you age out and in turn become ineligible, you will be automatically transferred to the next membership type category. \*\*No person is entitled to Nonresident membership who resides or has a place of business within 50 miles of the zero milestone in the ellipse south of the White House.

#### APPLICANT INTERESTS AND EXTRACIRRICULARS

Membership Type Category you are interested in applying for:

Present & past memberships in clubs and organizations (e.g. private clubs/fraternity/sorority):

Personal interests (e.g. dining, wine & spirits, hunting, event planning, networking, athletics, literature, cinema, golf):

Your primary reasons for joining (check all that apply):	
Athletics (Fitness, Swimming, Squash, Golf)	<b>Fellowship</b>
Sage Day Spa	Reciprocal Club Network
Private & Member Events	Overnight Guest Rooms
Dining	Other:

MARITAL STATUS

Single Married

Anniversary Date: \_\_\_\_\_

<b>SPOUSAL</b>	<b>INFORM</b>	ATION
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Prefix	First	Middle	Last	Suffix	Nickname/Preferred Nam
Date of Birt	h		Place of Birth		
Mobile Pho	ne Number	Home	Phone Number	Email Address	
Primary Resid Address*	ential				
*If different than spouse	Street			Apt/Ste Number	
	City	1	State	Zip Code	
Employment Information	Employer Name	]	Industry	Job Title	
Employment Address	Business Phone Numbe	er Ext.		Business Email Address	
	Street	Suite/Floor	City	State	Zip Code
		SPOUSAL ED	UCATION & MILITARY	SERVICE	
EDUC	ATION U	niversity	Degree		Year Graduated
MILITA	ARY SERVICE				
		tly serving the U.S. Armed Fo	orces? Yes No		
		DEPEN	NDENT(S) INFORMATIO	N	
Qı	ualifying Dependents are an	y children you have under the a	ge of 21. Upon their 21st birthday, th	ney are eligible to apply for a Le	egacy membership.
Name (First	/Middle/Last)	Preferred/Nickname	Birthday (month/day/year)	Mobile Phone Number	Email Address
Name (First/	/Middle/Last)	Preferred/Nickname	Birthday (month/day/year)	Mobile Phone Number	Email Address
Name (First/	'Middle/Last)	Preferred/Nickname	Birthday (month/day/year)	Mobile Phone Number	Email Address
Name (First/	Middle/Last)	Preferred/Nickname	Birthday (month/day/year)	Mobile Phone Number	Email Address
Name (First/	Middle/Last)	Preferred/Nickname	Birthday (month/day/year)	Mobile Phone Number	Email Address
Name (First/	Middle/Last)	Preferred/Nickname	Birthday (month/day/year)	Mobile Phone Number	Email Address

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# THE UNIVERSITY CLUB OF WASHINGTON, DC **MEMBERSHIP PAYMENT FORM**

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#### **Payment Policy**

Credit card payments are subject to a **non-refundable** processing fee of **3.4% plus \$0.20 per transaction**. ACH payments do not incur any fees. As a condition of membership, **autopayment enrollment is required**. If your account becomes **30 days past due twice within a 12-month period**, credit privileges will be suspended, and the payment method on file will be charged for all outstanding Club charges. Late fees apply to balances **30 days or more past due** and are assessed at **the greater of \$25 or 5% of the outstanding balance** (for balances exceeding \$100). Accounts that remain past due for **60+ days** will be posted on the communications board in the Club lobby.

### **ACH Payment**

Account Number	Routing Numb	er		Full Name of Acco	ount Holder
Checking or Savings (please specify)			Phone Ni	ımber	
Account Alias			Email Ad	dress	
Address (associated with the account)	Apt/Ste	City		State	Zip Code
		or			
Credit Card Payment		01			
Credit Card Number			Expiration I	Date (MM/YY)	CVV / CVC
Name Shown on Card			Phone Num	lber	
Account Alias			Email Addre	ess	
Address (associated with the card)	Apt/Ste C	lity		State	Zip Code
		Date Se	lection –		

Preferred Auto Draft Date: (Any date after the 1st and before the 15th of the month. The 10th is the standard choice.)

DISCLAIMER: Upon approval, I commit to uphold The University Club Bylaws and House Rules. I acknowledge potential changes to Bylaws and House Rules may occur and agree to abide by them if elected to membership. I understand that a credit review may occur during the application process. I agree to settling all dues promptly upon receipt of my monthly statement. I hereby certify that the information provided in this membership application is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the denial or revocation of my membership. I further agree to promptly notify The University Club of Washington, DC, of any changes to the information provided. By signing this application, I acknowledge and accept the terms and conditions of membership, as well as the rules and regulations of the Club.

Signature

Date



# THE UNIVERSITY CLUB OF WASHINGTON, DC MEMBERSHIP FOUNDATION FORM



1135 16TH STREET NW, WASHINGTON, DC 20036 WWW.UNIVERSITYCLUBDC.COM

Please select your voluntary contribution to our Foundations below. Selections are voluntary, but highly recommended for the benefit of both the University Club Foundation and University Club Historic Preservation Foundation. The University Club Foundation is a 501 (c)(3) public charity, established in 1984, to support the library, art, and programs of a charitable, educational, scientific, artistic, and literary nature. The University Club Historic Preservation Foundation is a 501 (c)(3) non-profit, established in 2024, that preserves and memorializes the history and architecture of the building, which is listed on the National Register of Historic Places.

Your Foundations exist for the benefit of your Club and its surrounding community; it provides a vehicle for members get involved in historic preservation, charitable outreach, and to support internal & external causes of value to Club membership with tax-deductible contributions.

UNIVERSITY CLUB FOUNDATION CONTRIBUTION SELECTION	
Foundation Contribution - \$15 / month Custom Foundation Contribution - \$ / r	month
You may designate a specific area for your contribution, or it will be evenly distributed among our initiatives: Community Action Programs (CAC) - These programs support CAC's initiatives benefiting the Sarah All Missionary Society's Food Bank, Secret Santa Angel Tree, and University Bound.	len
□ Employee Assistance Program (EAP) – The EAP offers financial assistance to Club employees and their dependents facing various covered situations, such as accidents, healthcare challenges, funeral costs, and issues arising from natural disasters or catastrophic events.	S
□ Scholarships – The Employee Scholarship program serves as a vital channel for philanthropic members to m deductible contributions aimed at supporting the post-secondary education of Club staff and their families.	iake tax-
Art Contribution - \$10 / month Custom Art Contribution - \$ / mont	th
The University Club Foundation works alongside the Club's Art Acquisition Council to identify and procumuseum-quality fine art for display within the Clubhouse.	ure
Library Contribution - \$10 / month       Custom Library Contribution - \$       /         Supports the funding for services and renovations of the Keefer Memorial Library, Franklin Room and Foundation Gallery.       /	month
UNIVERSITY CLUB HISTORIC PRESERVATION FOUNDATION CONTRIBUTION SELECT	TION
Historic Preservation Contribution - \$25 / month Historic Preservation Contribution - \$50 / mo	onth
Custom Historic Preservation Contribution - \$ / month	
One-Time Open Amount Historic Preservation Contribution - \$	
The University Club Historic Preservation Foundation is dedicated to honoring and preserving the historic character and architectural legacy of our cherished mansion, with a focus on its exterior and enduring presenc Your contributions directly support restoration and conservation efforts, ensuring its grandeur and significanc are protected for future generations.	