

# ACC Application for Membership Reinstatement

I hereby make application for membership in The Athletic Club of Columbus, Ohio, pursuant to the information provided on the reverse side. I agree to accept and abide by the rules, regulations and Code of Regulations of the Club as now in force and hereafter adopted.

I understand that it is the duty of every member of The Athletic Club of Columbus to be familiar with its rules and regulations. Ignorance thereof shall not excuse a member for any breach or neglect of same.

I herewith tender my check/credit card for full payment of the reinstatement admission fee. I agree to pay the monthly dues as prescribed at the time of my election to membership, or as may be fixed from time to time.

I understand there is a quarterly \$75 minimum charge which is reduced by personal food and beverage purchases after 5:00 p.m. Monday through Friday, or at any time on Saturday and Sunday.

I further agree that upon my election to membership, any resignation must be submitted in writing to the Secretary of the Club or the Membership Director at least twenty-one (21) days before the end of the month. Such resignation shall not be accepted until any or all of my indebtedness, including but not limited to dues, house accounts, reciprocal clubs and unpaid accounts of guests I may sponsor, is paid in full. I understand that resignations are not accepted retroactively.

I further agree that payment of my indebtedness must be received by the Club by the last calendar day of each month in which the statement is mailed, and that late payments are subject to penalties as may be set by the Club. In the event my indebtedness remains unpaid after thirty (30) days, my credit may be suspended, and my name posted within the Club. Failure to pay renders me subject to expulsion from membership and subsequent collections procedures.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.

**PHOTO RELEASE:** From time to time, The Athletic Club of Columbus or media will take photos of our members which include, but not limited to: youth activities, special events, sporting events, Club events and special shoots for publicity reasons. These photos are used in our newsletter, brochures, social media, online advertising, print ads and The Athletic Club of Columbus website, to advertise and promote the Club and to recognize Club members. By signing the application for membership, you acknowledge that your photo(s) may be used for these purposes. If you are opposed to photo use you must state so separately in writing to the Club that you do not give permission for you or your family photos to be used for these purposes. \_\_\_\_\_Initials

Please complete entire questionnaire before signing below.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant)

PLEASE NOTE: IT IS THE MEMBER'S RESPONSIBILITY TO NOTIFY THE CLUB OF CURRENT ADDRESS AND CONTACT INFORMATION.



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- ☐ Associate (Under 32 years)  
☐ Associate (32-33 years)  
☐ Associate (34-35 years)

- ☐ Resident (36+ years)  
☐ Social (60+ years)

- ☐ Non Resident (Outside 50 miles)  
☐ Clergy

Last Name \_\_\_\_\_ First Name & MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SS# \_\_\_\_\_ Nickname \_\_\_\_\_  
Home Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name of Business \_\_\_\_\_ Title \_\_\_\_\_  
Business Address \_\_\_\_\_ Hire Date \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
College/Graduate School \_\_\_\_\_ Degree(s) Held \_\_\_\_\_

Last Name \_\_\_\_\_ First Name & MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SS# \_\_\_\_\_ Nickname \_\_\_\_\_  
Home Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name of Business \_\_\_\_\_ Title \_\_\_\_\_  
Business Address \_\_\_\_\_ Hire Date \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
College/Graduate School \_\_\_\_\_ Degree(s) Held \_\_\_\_\_

Billing Email \_\_\_\_\_

*All Statements will be sent via Email.*

Please check if you prefer a hard copy of your statement: ☐ \*Please note, there is a \$24 annual fee

Dependent Children (through 23 years)

Name _____	Age _____	Date of Birth _____	Gender _____
Name _____	Age _____	Date of Birth _____	Gender _____
Name _____	Age _____	Date of Birth _____	Gender _____

Annual Household Income: ☐ Under \$40,000 ☐ \$40-75,000 ☐ \$75-100,000 ☐ Over \$100,000

Relatives who are or have been members:

Have you ever been convicted of a misdemeanor or felony, including OMVI? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

List your past or current private club memberships: \_\_\_\_\_

Community interests and activities (include offices held, if any)

\_\_\_\_\_