



Livingston Athletic Club  
Est. 2012

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APPLICATION FOR MEMBERSHIP

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*I hereby apply for Membership, and the resultant rights and privileges therein.*

*Candidate For Consideration:*

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PLEASE PRINT ALL INFORMATION

<b>CANDIDATE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Date of Birth                      /                      /		Birthplace	
Name: Last                                      First                                      Middle                                      Familiar Name (nickname)				
Primary Residence Street Address				
City		State		ZIP
Mailing Address (if different from Primary Residence)				
City		State		ZIP
Home Phone (include area code)		Work Phone (include area code)		Cell Phone (include area code)
Email Address				
Social Security Number			Driver's License Number / State	
Shirt Size (Required for Member gift. If not specified large will be provided.) <input type="checkbox"/> XXL <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S			Marital Status	

<b>SPOUSE INFORMATION</b>				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.				
Spouse's Name: Last                                      First                                      Middle                                      Familiar Name (nickname)				
Cell Phone (include area code)		Date of Birth                      /                      /		
Email Address		Shirt Size (Required for Member gift. If not specified large will be provided.) <input type="checkbox"/> XXL <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S		
Social Security Number		Driver's License Number / State		

<b>LEGACY INFORMATION</b>				
<i>Please provide information about all unmarried children under twenty-one (21) who live at home or attend school full-time.</i>				
Name	Birth Date	Familiar Name (nickname)		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/   /			
Name	Birth Date	Familiar Name (nickname)		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/   /			
Name	Birth Date	Familiar Name (nickname)		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/   /			
Name	Birth Date	Familiar Name (nickname)		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/   /			
<i>Please provide information about all children over the age of twenty-one (21) who live at home or attend school full-time.</i>				
Name	Birth Date	Residence	Marital Status	
	/   /			
Name	Birth Date	Residence	Marital Status	
	/   /			
Name	Birth Date	Residence	Marital Status	
	/   /			

## CANDIDATE OCCUPATION

Name of Employer, Business or Professional Firm		
Office Address		
City	State	ZIP
Email	Phone	
Nature of business or profession:		
Title or position:	How long have you been with your present business:	
Previous employer, business or professional firm (if less than 10 years at present business):		

### SPOUSE'S OCCUPATION (if applicable)

Name of Employer, Business or Professional Firm		
Office Address		
City	State	ZIP
Email	Phone	
Nature of business or profession:		
Title or position:	How long have you been with your present business:	
Previous employer, business or professional firm (if less than 10 years at present business):		

## HOBBIES AND INTERESTS

LAC values you as a member and would like to better understand your interests. Completing this section will assist us in developing programs and services to meet your needs. Please check your family's hobbies and interests listed below.

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Baseball                    | <input type="checkbox"/> Golf              | <input type="checkbox"/> Pilates      | <input type="checkbox"/> Tennis          |
| <input type="checkbox"/> Billiards/Pool              | <input type="checkbox"/> Gourmet Dining    | <input type="checkbox"/> Reading      | <input type="checkbox"/> Volleyball      |
| <input type="checkbox"/> Boxing                      | <input type="checkbox"/> Group Fitness     | <input type="checkbox"/> Road Biking  | <input type="checkbox"/> Walking         |
| <input type="checkbox"/> Cards (Euchre, Poker, etc.) | <input type="checkbox"/> Health/Nutrition  | <input type="checkbox"/> Running      | <input type="checkbox"/> Water Aerobics  |
| <input type="checkbox"/> Classic Cars                | <input type="checkbox"/> Live Music Events | <input type="checkbox"/> Snow Skiing  | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> DJ'ed Events                | <input type="checkbox"/> Mountain Biking   | <input type="checkbox"/> Spa Services | <input type="checkbox"/> Wine Tasting    |
| <input type="checkbox"/> Football                    | <input type="checkbox"/> Movies            | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Yoga            |

Alma Mater(s) Member: \_\_\_\_\_ Spouse: \_\_\_\_\_

## SPECIAL CONSIDERATIONS

Please check all that apply.

<b>Vegetarian</b> <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children	<b>Vegan</b> <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children
<b>Allergies</b> <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children	Please list:
<b>Handicap</b> <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children	Please list:
<b>Other Notes</b> <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children	Please list:

## REFERENCES

### SPONSORING CLUB MEMBERS

Name	Years Known Applicant	Phone Number
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Name	Years Known Applicant	Phone Number
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List the names and addresses of two (2) references, other than members of LAC, with whom you or your immediate family have social contact.  
 (Complete this section only if you have not included the names of two members of LAC mentioned directly above)

Name	Phone
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Email	Years Known Applicant
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Name	Phone
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Email	Years Known Applicant
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## MEMBERSHIPS

### MEMBERSHIP IN SOCIAL CLUBS *(List former and present)*

Club Name	City	From	To	Offices Held
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Club Name	City	From	To	Offices Held
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### MEMBERSHIP IN CIVIC, CHARITABLE, BUSINESS OR PROFESSIONAL ORGANIZATIONS *(List former and present)*

Organization Name	City	From	To	Offices Held
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Organization Name	City	From	To	Offices Held
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**Why do you want to become a member of the Livingston Athletic Club?**

In submitting this application, I certify that the above information is correct and complete. I hereby give permission to Livingston Athletic Club to contact my references and sponsors and otherwise to verify any information disclosed on this application. I hereby agree to not demand disclosure of any information gathered by Livingston Athletic Club in its evaluation of me.

If my membership application is accepted, I agree that I and the members of my family will conform with Livingston Athletic Club bylaws, rules and comply with the established policies and procedures as currently in effect and as may be modified from time to time during my membership.

I acknowledge and agree that membership is contingent upon approval, which approval shall be at Livingston Athletic Club's sole and absolute discretion. I further acknowledge and agree that my admission as a member of Livingston Athletic Club is conditioned on my execution and delivery of a membership agreement.

### AFFIRMATIVE CONSENT

I, \_\_\_\_\_ understand that as a member of Livingston Athletic Club, I will receive e-mail and fax messages from time to time informing me of important benefits of my club membership, some of which may include messages deemed commercial under regulations issued by the FTC. I hereby acknowledge and consent to receive such messages.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT'S SIGNATURE

*Thank you for your interest in the Livingston Athletic Club.*

*If you have any questions about the application, please call: 810.522.8929 or email: [mwilliams@LivingstonAthleticClub.org](mailto:mwilliams@LivingstonAthleticClub.org)*