



## APPLICATION FOR MEMBERSHIP

**APPLICATION REQUEST DATE:** \_\_\_\_\_ **(Privé use only)**

**DATE OF APPLICATION:** \_\_\_\_\_

Name in which Membership will be held: \_\_\_\_\_

I hereby apply for membership into Privé International Corp. ("Privé"). I will execute the Membership Agreement and then pay a onetime Membership Fee in the amount of \$35,000.00USD upon invitation and my acceptance to join Privé as a Member.

I understand that the Membership Fee and terms of Membership are guaranteed by Privé for sixty (60) days after the Application Request Date provided above, and after such sixty (60) day period, Privé reserves the right to change any or all such amounts or terms or to revoke my Membership invitation without prior notice.

### PERSONAL / CORPORATE INFORMATION

Name (Please Print): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address (primary): \_\_\_\_\_

Email Address (secondary): \_\_\_\_\_

\* Please place an asterisk next to the email address where information should be sent \*

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Legally Separated

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

Occupation and/or Title: \_\_\_\_\_

Name of Company or Firm: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Preferred Method(s) of Communication: \_\_\_\_\_

Years in Present Employment: \_\_\_\_\_

Nature of Company or Firm's Business: \_\_\_\_\_

Retired: \_\_\_ Yes \_\_\_ No \*If you are retired, please indicate for how many years you have been retired and your most recent employment. Please provide the above pre-retirement information.

**SPOUSE/PARTNER INFORMATION:**

Name (Please Print): \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address (primary): \_\_\_\_\_

Email Address (secondary): \_\_\_\_\_

\* Please place an asterisk next to the email address where information should be sent \*

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

Social Security Number: \_\_\_\_\_

Occupation and/or Title: \_\_\_\_\_

Name of Company or Firm: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Preferred Method(s) of Communication: \_\_\_\_\_

Years in Present Employment: \_\_\_\_\_

Nature of Company or Firm's Business: \_\_\_\_\_

Retired: \_\_\_ Yes \_\_\_ No \*If you are retired, please indicate for how many years you have been retired and your most recent employment. Please provide the above pre-retirement information.

Do you want your spouse/partner to be an Associate Member? \_\_\_\_ Yes \_\_\_\_ No

**BANK REFERENCES:**

(a) Name of Institution and Branch:

\_\_\_\_\_

Officer to Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(b) Name of Institution and Branch:

\_\_\_\_\_

Officer to Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PERSONAL AND PROFESSIONAL REFERENCES:**

(a) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(c) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(d) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PAYMENT OF DUES, FEES AND CHARGES:**

I hereby acknowledge and understand that, should I be accepted into Privé and join Privé, I will be responsible for paying the full one time Membership Fee.

I also acknowledge and understand that I shall be responsible for paying any sales or other taxes that may be required to be paid on my Membership Fee, and any other amounts owed to Privé. I hereby acknowledge and authorize that all future fees and other charges for food, beverages, travel arrangements, and services of Privé, any applicable taxes, and all other amounts owed to Privé by me, my family or my other guests will be charged to my credit card or bank account as set forth below. The Accepted prospective Member will authorize the one time membership fee with Privé.

Please provide all credit card information below:

*2.8% service charge will be applied on all transactions.*

Credit Card American Express®

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

Expiration Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please provide all bank account information below:

Bank Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

ABA#: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Type: \_\_\_\_\_

Voided Check attached: \_\_\_\_\_

I acknowledge that by completing and executing this Application for Membership, I hereby agree to release all requested information (including credit, financial, and any police/criminal record), and authorize Privé to check the references provided and to otherwise obtain and use all information pertinent in determining qualification for membership. I understand that this information is always held in strict confidence and will not be given outside Privé. I understand that I must be accepted for Membership into Privé by invitation. I further understand that the Membership approval process conducted by Privé is confidential and it is Privé's policy to hold information provided and used in the application process strictly confidential. I hereby authorize Privé to send emails to me at the email addresses listed in the Application membership. At the same time, I hereby irrevocably release and hold Privé and its affiliates and their officers, directors, members, employees and agents forever harmless from and against any and all liabilities, claims and causes of action for all matters related to the above and further agree to indemnify and reimburse such entities and individuals for any and all costs and expenses related to any such matters. If the prospective Member allows a Spouse or Partner to be an Associate Member, both the prospective Member and Spouse/Partner must sign below.

PROSPECTIVE MEMBER: SPOUSE/PARTNER:

_____	_____	Printed Name
_____	_____	Signature
_____	_____	Date