



Cambridge Club
TORONTO

The Cambridge Club
The Sheraton Centre
100 Richmond St. West, 11th Floor
Toronto, Ontario M5H 3K6

Tel: 416.862.1077
Fax: 416.862.8025
www.thecambridgeclub.com

Membership Application

The undersigned hereby applies for membership in The Cambridge Club and represents and warrants the truth of the following information to the Club.

LAST NAME (PRINT)

FIRST NAME

HOME ADDRESS

CITY

POSTAL CODE

HOME TELEPHONE

BIRTH DATE (MONTH/DAY/YEAR)

FIRM NAME

BUSINESS ADDRESS

POSTAL CODE

TYPE OF BUSINESS

PHONE

E-MAIL ADDRESS

PLEASE CONTACT IN CASE OF EMERGENCY:

BUSINESS PHONE NO.

HOME PHONE NO.

RELATIONSHIP

MAILING INFORMATION: HOME BUSINESS

TYPE OF MEMBERSHIP

- INDIVIDUAL CORPORATE
 EXECUTIVE SENIOR NON-CORE
 INTERMEDIATE YOUNG EXEC OUT OF TOWN
 SOCIAL

ALL MEMBERSHIPS ARE FOR ONE YEAR.

ANNUALLY MONTHLY

OPTIONS: SQUASH ADELAIDE CLUB
 KARATE LAUNDRY

In consideration of your acceptance of my application and other valuable considerations, the receipt and sufficiency of which I acknowledge, I agree;

1. that the Club, its officers, directors, shareholders and employees shall not be liable to me, my heirs or estate, for any claims, demands, injuries, damages, actions or causes of action whatsoever arising howsoever whether through negligence or otherwise and whether with respect to personal injury or injury, destruction, theft to or of property or otherwise, and
2. to abide and be bound by rules of the Club publicly posted hereafter from time to time at the premises of the Club and that I acknowledge that I know that injury or morbidity may result from physical exercise and from playing of sports.
3. the services and the prices for the services provided by The Cambridge Club are set out in the Membership Fees Brochure provided to me, the Member, at the time of signing of this membership application.
4. members will be notified of their renewal approximately 30 days prior to their annual renewal date. They may renew the membership by the terms set out herein (and at the then current membership rate) by making payment for the following year. Any member may notify the Club in writing prior to the renewal date that he or she does not wish to renew their membership on the renewal date.

APPLICANT'S SIGNATURE: _____

Accepted this _____ day of _____, 20_____

The Cambridge Club, Toronto, Inc. by: _____



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FOR CHIT SYSTEM/CLUB CHARGES PAYMENT

I/we, _____ hereby authorize The Cambridge Club to debit my MasterCard, Visa Card or AMEX card for any charges bearing my signature, or a signature authorized by me. All dining room chits carry a 15% gratuity.

TYPE OF CARD	CARD INFORMATION
<input type="checkbox"/> Master Card	Card Expiry Date: _____
<input type="checkbox"/> VISA Card	Card Number: _____
<input type="checkbox"/> AMEX Card	Name as it appears on card: _____
Signature on Card: _____	
How did you find out about The Cambridge Club? <input type="checkbox"/> Through Work <input type="checkbox"/> Member Referral <input type="checkbox"/> Other	
If a member did refer you to the Club, what is his name? _____	
do you have anyone in mind who think would be interested in the Club? _____	

RECORD OF MEMBER	FOR OFFICE USE ONLY
INIT: _____	Membership <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DUES: _____	Category <input type="text"/> <input type="text"/> <input type="text"/>
LKR: _____	Corp. # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SQ: _____	Locker No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ADEL: _____	Anniversary Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
KAR: _____	Processing Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OTHER: _____	Processed by: _____
TOTAL: _____	Fee Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> AMEX