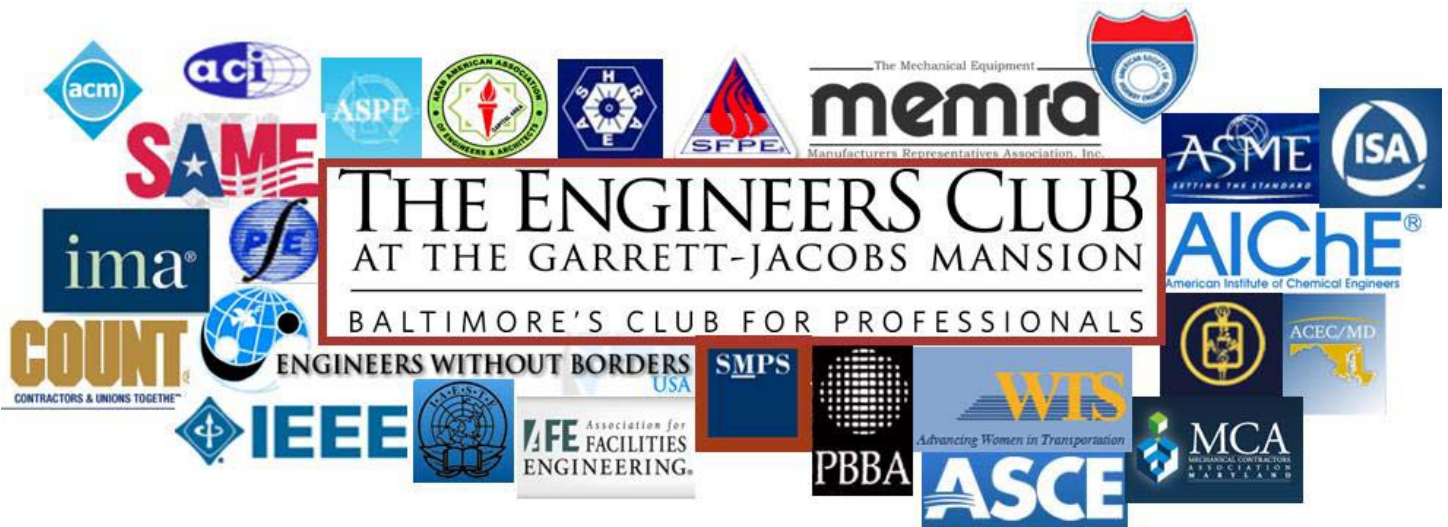


Associate Society Membership At The Engineers Club Bringing Your Club Experience to the Next Level



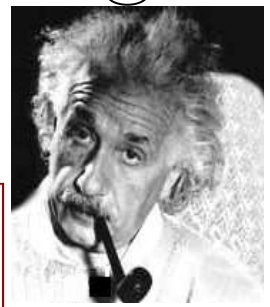
The Engineers Club Introduces the *Associate Society Membership*

For Members in Good Standing
of The Engineers Club's Associate Societies

- **Increased Access to the Mansion**
- **Monthly Billing of Associate Society Functions at the Mansion**
- **Reciprocal Club Relationships - Including Golf Privileges!**
- **No Quarterly Minimum Spending**
- **Convenient Monthly Billing of Dues**
- **Waiver of Initiation Fees***
- **Members Lounge with WIFI**
- **Fabulous Member Exclusive Events**
- **Full Membership Benefits Extended to Spouse**



Full Initiation Fee: \$750
Make an Initial Commitment of:
2 years & get 50% Off Initiation Fee
3 years & get 100% Off Initiation Fee



Membership Application on Reverse

ESB use only **Class:** 0

Membership Number: _____

Proposal for Individual Membership

For Associate Society Member Status

To the Membership Committee:

I, _____, hereby apply for membership in the classification of Individual Member and affirm that statements in this application are correct and agree that I will be governed by the House Rules and Bylaws as long as my membership shall continue. I further agree to promote the aims of The Engineers Club as far as shall be within my power. The undersigned grants permission to the Club to use images and likenesses in promotional materials at the Club's discretion. **I will maintain my membership in an Associate Society of the Club for the tenure of my Club membership.** As an individual member with Associate Society Member status, I agree to have the Club charge my credit card monthly for dues. Finally, by signing below, I hereby grant permission for The Engineers Club to access my credit report.

Applicant's Signature _____ Date _____

The undersigned member or management of The Engineers Club is personally acquainted with the applicant.
I hereby endorse his/her consideration for membership.

Sponsor Signature _____ Member's # _____

Approved Date by Membership Committee _____ Representative _____

Approved Date by Board of Directors _____

INDIVIDUAL PROFILE

PERSONAL DATA (Please type or print clearly)

Name _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Social Security Number _____

Place of Birth _____ Associate Society Membership _____

Marital Status _____ Spouse's Name _____ Citizenship _____

EDUCATIONAL DATA

College/University _____ Years Attended _____

Degree(s) _____

PROFESSIONAL DATA

Current Industry _____ Your Title and Department _____

List any certifications, licenses, or registrations you have: _____

Company Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____ Email _____

Company Product/Business _____ Total Years of Experience _____

Principal Job Function _____ All Professional Organizations _____

PAYMENT METHOD

Name on Card: _____

Initiation: _____

Initial Term of
Membership

Credit Card # _____ Exp Date _____

Pro-rated Dues: _____

1Yr/2Yr/3Yr

Authorized Signature _____

Total: _____

Complete & Fax to 410-783-9372, Scan & Email to J@esb.org Or
Mail to 11 West Mount Vernon Place, Baltimore, MD 21201