Candle Club
Membership Application

{Office Use Only}
MEMBER NUMBER

Corporate Rates Available Upon Inquiry

PLEASE PRINT CLEARLY

Step One
PAYMENT OPTIONS

CHECK ONE: $100 Application Fee

☐ MONTHLY (**$60** per month, first payment will cover three-month minimum)

☐ ANNUALLY (**$660** a year)

Step Two
PERSONAL INFORMATION

APPLICANT: _____ _____ _____ _____
Last First M.I. Birthday: Month/Day

SPOUSE: _____ _____ _____ _____
Last First M.I. Birthday: Month/Day

ADDRESS: _____ _____ _____ _____
Home City State Zip

_____ _____ _____ _____
Mailing (If Different) City State Zip

CONTACT: ( ) _____ ( ) _____ ( ) _____ _____
Mobile Home Work Email

☐ I would like to opt out of Club text updates. ☐ I would like to opt out of Club email updates.

OCCUPATION: _____ _____
Firm

RECOMMENDED BY: _____ _____
Candle Club Member Member Number

Step Three
Payment

*Please fill out ACH Payment information on the following page.
Auto-Bill Payment is on the first of each month.*

Step Four
IMPORTANT INFORMATION

Thank you for your membership application to the Candle Club. Please note there will be a three to five day waiting period for approval. Once approved, your membership packet and member cards will be mailed to you at the address provided on the application. Our dress code is as follows; business casual, no ball caps, or hats of any kind, no ripped or torn clothing, including jeans, no t-shirts, hoodies or athletic wear, no flip flops. Reservations are recommended especially on Friday and Saturday nights, please call 316-684-7281. For a full monthly event schedule, check out our website at candleclubwichita.com or pick up a monthly newsletter at the club host stand.

Step Five
SIGN HERE

APPLICANT SIGNATURE: _____ _____
"I Agree to Abide by the Rules of the Club." Date

Direct Debit via ACH Authorization

I authorize 4 Gents LLC dba Candle Club, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules. Completion of this form authorizes a variable payment to be drafted based to pay any amounts owed on the membership account listed. Payments are scheduled to be drafted as early as the first of each month. In the event a payment attempt it rejected, another attempt will occur at a later time, and a $40 handling fee will be assessed to the account.

Account Detail

Financial Institution Name and City: _____

Routing Number: _____

Account Number: _____

Type of Account (Checking or Savings): _____

Signature: _____

Print Individual Name: _____

Date: _____

Billing Contact Info

Email: ryan@candleclubwichita.com

Billing Direct Line: (316) 719-9067