



APPLICATION FOR MEMBERSHIP

I hereby apply for membership in your Club. If I should be accepted, I agree to comply with and observe the By-laws, House Rules and Regulations, and further agree that my membership will be subject to all By-laws, House Rules and Regulations now in force and those which may be legally adopted and for infraction thereof the Board of Directors may terminate such membership.

Applicant's Signature

Date

Class of Membership:

Active

Senior

Junior

Clergy

Diplomatic

Non-Resident

Premier Company

Secondary Company

Junior Secondary Company

Primary Premier Company to be owned by

Company Transfer from

Have you ever been a member of the Petroleum Club of Houston?

Yes

No

If yes, please provide date:

I/my spouse would like to sign up for the Ladies Association. Please charge my membership account the \$35 annual dues.

Do you qualify for our Legacy Membership Program (parents or grandparents must be current members)?

Yes

No

Applicant Information *(please print clearly)*

Full Name:

Date of Birth:

Company Name (in full):

Title:

Company Address, City, State, Zip:

Company Phone:

Company Email:

Home Address, City, State, Zip:

Home/Mobile Phone:

Home Email:

Please select where you would like billing and materials to be sent *(select 1)*:

Company

Home

Spouse's Name:

Spouse's Date of Birth:

Phone:

Email:

Other Professional and Social Affiliations:



Recommendation of Sponsors

Sponsor Name #1

Dear Board of Directors and Membership Committee of the Petroleum Club of Houston,

The aforementioned applicant is personally known by me to be of good character and would be an excellent Petroleum Club of Houston member. I recommend that he/she be approved for Membership.

Signature

Member Number

Additional Comments:

Sponsor Name #2

Dear Board of Directors and Membership Committee of the Petroleum Club of Houston,

The aforementioned applicant is personally known by me to be of good character and would be an excellent Petroleum Club of Houston member. I recommend that he/she be approved for Membership.

Signature

Member Number

Additional Comments:

Note: Sponsors may provide a separate letter if appropriate



DISCLOSURE AND AUTHORIZATION

In connection with my application for membership, I UNDERSTAND THAT CONSUMER REPORTS, WHICH MAY CONTAIN PUBLIC RECORD INFORMATION, MAY BE REQUESTED BY THE ORGANIZATION FROM ASSOCIATED SERVICES EMPLOYMENT CHECK (ASEC). ASEC is a division of Associated Background Check, Inc.

I FURTHER UNDERSTAND that these reports provided by ASEC may contain public record information such as my criminal records history (if any) from county, federal, state, and other agencies which maintain such records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ASSOCIATED SERVICES TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to ASEC upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which ASEC has previously furnished within the two year period preceding my request.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S). If membership is approved, this authorization shall remain on file and shall serve as ongoing authorization for you to obtain consumer reports at any time during my membership period.

*PLEASE SIGN/DATE HERE, AND THEN FILL OUT THE IDENTIFICATION INFORMATION IN BOX BELOW:

APPLICANT'S SIGNATURE

DATE

The information below is required for identification and background screening purposes only:

SOCIAL SECURITY NUMBER

COUNTY OF RESIDENCE

DATE OF BIRTH (mm/dd/yyyy)

OTHER LAST NAMES (INDICATE IF MAIDEN)

CURRENT ADDRESS

PREVIOUS ADDRESS

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

PRINT NAME (First / Middle / Last)

DRIVERS LICENSE NUMBER & STATE

ADDITIONAL FORMER RESIDENCES FOR LAST SEVEN (7) YEARS IF APPLICABLE:

(1)
CITY / STATE / ZIP

(2)
CITY / STATE / ZIP

Applicants in CA, MN, OK, ME, NY: You have the right to receive a copy of the consumer report.

Please indicate if you would like to be furnished with one: **Yes** **No**



PETROLEUM CLUB OF HOUSTON

CREDIT CARD AUTHORIZATION FORM

CURRENT DATE:

MEMBER NAME:

MEMBER NUMBER:

(office use only)

TYPE OF CARD:

CARD NUMBER:

CARD EXPIRATION DATE:

CREDIT CARD BILLING ADDRESS:

CARD HOLDER'S NAME AS IT APPEARS ON THE CARD:

CARD HOLDER'S SIGNATURE

I GUARANTEE CHARGES FOR: *(only check one box)*

INITIATION FEE ONLY

I authorize the Petroleum Club of Houston to charge my credit card the initiation fee in the amount of \$

INITIATION FEE & MONTHLY AUTO PAY

I authorize the Petroleum Club of Houston to charge my credit card for the initiation fee in the amount of \$ and enroll me in monthly auto pay.

Members set up on auto pay with credit card a 3.5% convenience fee will be charged with this month's statement. To avoid this fee, please consider setting up ACH payments.



PETROLEUM CLUB OF HOUSTON

ACH AUTHORIZATION FORM FOR MONTHLY AUTOMATIC PAYMENTS

I (we) hereby authorize _____ The Petroleum Club of Houston to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Petroleum Club of Houston is notified by me (us) in writing to cancel it in such time as to afford The Petroleum Club of Houston and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Member Name) (Member Number)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature) (Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ
Routing Number Account Number