



THE LA CROSSE CLUB

Corporate Membership Application

DATE: _____

Board of Governors, The La Crosse Club

I hereby apply for a corporate membership to the La Crosse Club.

If my application is accepted, I agree to pay the regular dues, the assessments required, and any authorized charges to my account when due. I further agree to comply with the provisions of the by-laws and house rules of the La Crosse Club.

Signature (applicant): _____ Applicant Sponsored by: _____

The following information must be completed in its entirety (printed or typed)
Corporate Memberships may have up to three (3) designees as part of their membership

Designee #1 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #1 Preferred Phone: _____ Partner/Spouse _____

Designee #1 Preferred Email: _____ Partner/Spouse _____

Additional Designees on next page

CORPORATE MEMBERSHIP (best plan for organizations with more than one designee)

- (1) Corporate membership payments shall consist of a one time application fee of \$500.00;
- (2) Annual dues for corporate membership are \$2,000.00;
- (3) Annual minimum spend for individual membership is \$1,000.00;
- (4) Only event space rental fees, attendance/tickets to in-house special events and bar purchases will apply to the minimum spend (please note that taxes and gratuities are not included in the minimum spend allocation since those items are classified as “pass through” and not considered club revenue).

The La Crosse Club – 250 Harborview Plaza – La Crosse, WI 54601 – www.lacrosseclub.org – 608.784-0220
info@lacrosseclub.org





THE LA CROSSE CLUB

Designee #2 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #2 Preferred Phone: _____ Partner/Spouse _____

Designee #2 Preferred Email: _____ Partner/Spouse _____

Designee #3 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #3 Preferred Phone: _____ Partner/Spouse _____

Designee #3 Preferred Email: _____ Partner/Spouse _____

[Additional Designees beyond three \(3\) are billed an additional \\$500.00 per year](#)

Designee #4 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #4 Preferred Phone: _____ Partner/Spouse _____

Designee #4 Preferred Email: _____ Partner/Spouse _____

Designee #5 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #5 Preferred Phone: _____ Partner/Spouse _____

Designee #5 Preferred Email: _____ Partner/Spouse _____





THE LA CROSSE CLUB

Designee #6 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #6 Preferred Phone: _____ Partner/Spouse _____

Designee #6 Preferred Email: _____ Partner/Spouse _____

Designee #7 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #7 Preferred Phone: _____ Partner/Spouse _____

Designee #7 Preferred Email: _____ Partner/Spouse _____

Designee #8 Name _____ Partner/Spouse _____

Business or Profession: _____

Home Address: _____ City _____ State _____ Zip _____

Designee #8 Preferred Phone: _____ Partner/Spouse _____

Designee #8 Preferred Email: _____ Partner/Spouse _____