



OPUS CLUB

A MEMBERS LOUNGE

APPLICATION FOR MEMBERSHIP

TO BE CONSIDERED FOR MEMBERSHIP, PLEASE COMPLETE THE INFORMATION BELOW.
ALL FIELDS MUST BE COMPLETED. RESPONSES WILL REMAIN CONFIDENTIAL.

NAME _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

MAILING ADDRESS _____ # YEARS AT ADDRESS _____

HOME PHONE _____ ALTERNATE/CELL _____

BIRTHDATE (M/D/Y) _____ AGE _____ MARITAL STATUS _____

EMPLOYER _____ OCCUPATION _____

WORK PHONE _____ E-MAIL _____

SPOUSE'S NAME _____ SPOUSE'S BIRTHDATE (M/D/Y) _____

SPOUSE'S EMPLOYER _____ SPOUSE'S OCCUPATION _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

SPONSOR _____

INITIATION FEE _____ MONTHLY RATE _____

SIGNATURE _____ DATE (M/D/Y) _____

QUESTIONNAIRE

WHAT ARE YOUR FAVORITE COCKTAILS? _____

WHAT ARE YOUR FAVORITE BEERS? (DOMESTIC, IMPORTED, & MICROBREW) _____

WHAT ARE YOUR HOBBIES? _____

DO YOU SMOKE CIGARS? YES NO WHAT ARE YOU FAVORITE BRANDS? _____

IF SO, ARE YOU INTERESTED IN ATTENDING PRIVATE TASTING EVENTS OR A CIGAR CLUB? YES NO

DO YOU DRINK WINE? YES NO WHAT ARE YOUR FAVORITE BRANDS? _____

IF SO, ARE YOU INTERESTED IN ATTENDING PRIVATE TASTING EVENTS OR A WINE CLUB? YES NO