



APPLICATION FOR MEMBERSHIP

APPLICATION REQUEST DATE: _____ (**Privé use only**)

DATE OF APPLICATION: _____

Name in which Membership will be held: _____

I hereby apply for membership into Privé International Corp. ("Privé"). I am enclosing a Cheque or have sent a wire transfer in the amount of one thousand (\$1,000USD) dollars as a refundable Membership Application Deposit to begin the application process. I will execute the Membership Agreement and then pay the remaining Membership Fee in the amount of \$24,000USD upon invitation and my acceptance to join Privé as a Member.

I understand that the Membership Fee and Annual Dues amounts and terms of Membership are guaranteed by Privé for sixty (60) days after the Application Request Date provided above, and after such sixty (60) day period, Privé reserves the right to change any or all such amounts or terms or to revoke my Membership invitation without prior notice.

PERSONAL INFORMATION

Name (Please Print): _____

Address: _____

City: _____ **State/Province:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Fax Number:** _____

Email Address (primary): _____

Email Address (secondary): _____

* Please place an asterisk next to the email address where information should be sent *

Marital Status: ___ Single ___ Married ___ Divorced ___ Legally Separated

Date of Birth: _____

Occupation and/or Title: _____

Name of Company or Firm: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Preferred Method(s) of Communication: _____

Years in Present Employment: _____

Nature of Company or Firm's Business: _____

Retired: ___ Yes ___ No *If you are retired, please indicate for how many years you have been retired and your most recent employment. Please provide the above pre-retirement information.

SPOUSE/PARTNER INFORMATION:

Name (Please Print): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

Email Address (primary): _____

Email Address (secondary): _____

* Please place an asterisk next to the email address where information should be sent *

Date of Birth: _____

Social Security Number: _____

Occupation and/or Title: _____

Name of Company or Firm: _____

Business Address: _____

City: _____ State/Province: _____

Preferred Method(s) of Communication: _____

Years in Present Employment: _____

Nature of Company or Firm's Business: _____

Retired: ____ Yes ____ No *If you are retired, please indicate for how many years you have been retired and your most recent employment. Please provide the above pre-retirement information.

Do you want your spouse/partner to be an Associate Member? ____ Yes ____ No

BANK REFERENCES:

(a) Name of Institution and Branch:

Officer to Contact: _____ Account Number: _____

Telephone Number: _____

(b) Name of Institution and Branch:

Officer to Contact: _____ Account Number: _____

Telephone Number: _____

PERSONAL AND PROFESSIONAL REFERENCES:

(a) Name: _____ Relationship: _____ Phone: _____

(b) Name: _____ Relationship: _____ Phone: _____

(c) Name: _____ Relationship: _____ Phone: _____

(d) Name: _____ Relationship: _____ Phone: _____

PAYMENT OF DUES, FEES AND CHARGES:

I hereby acknowledge and understand that, should I be accepted into Privé and join Privé, I will be responsible for paying an initial Membership Fee and Annual Dues.

I also acknowledge and understand that I shall be responsible for paying any sales or other taxes that may be required to be paid on my Membership Fee, Annual Dues, and any other amounts owed to Privé . I hereby acknowledge and authorize that all future fees and other charges for food, beverages, travel arrangements, and services of Privé, any applicable taxes, and all other amounts owed to Privé by me, my family or my other guests will be charged to my credit card or bank account as set forth below. The Accepted prospective Member will authorize the one time initiation Fee and initial Annual Dues with Privé initiation.

Please provide all credit card information below:

Credit Card (circle one) VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Name as it appears on Card: _____

Cardholder Signature: _____

Please provide all bank account information below:

Bank Name: _____

Phone Number: _____

Address: _____

ABA#: _____

Account Number: _____

Account Name: _____

Account Type: _____

Voided Check attached: _____

I acknowledge that by completing and executing this Application for Membership, I hereby agree to release all requested information (including credit, financial, and any police/criminal record), and authorize Privé to check the references provided and to otherwise obtain and use all information pertinent in determining qualification for membership. I understand that this information is always held in strict confidence and will not be given outside Privé. I understand that I must be accepted for Membership into Privé by invitation. I further understand that the Membership approval process conducted by Privé is confidential and it is Privé's policy to hold information provided and used in the application process strictly confidential. I hereby authorize Privé to send emails to me at the email addresses listed in the Application membership. At the same time, I hereby irrevocably release and hold Privé and its affiliates and their officers, directors, members, employees and agents forever harmless from and against any and all liabilities, claims and causes of action for all matters related to the above and further agree to indemnify and reimburse such entities and individuals for any and all costs and expenses related to any such matters. If the prospective Member allows a Spouse or Partner to be an Associate Member, both the prospective Member and Spouse/Partner must sign below.

PROSPECTIVE MEMBER: SPOUSE/PARTNER:

_____	_____	Printed Name
_____	_____	Signature
_____	_____	Date