

{Office Use Only}
MEMBER NUMBER

Corporate Rates Available Upon Inquiry

		PLEASE	PRINT CLEARLY				
Step One	CHECK ONE:	\$100 A	oplication Fee				
PAYMENT	MONTHLY	(\$50 per month	n, first payment	will cover t	hree-mo	nth mi	nimum)
OPTIONS	ANNUALL	Y (\$550 a year)					
Chara Truca							
> Step Two	APPLICANT:	Last	First		M.I.	Birthda	y: Month/Day
PERSONAL INFORMATION	SPOUSE:						
INI ONMATION	3POU3E	Last	First		M.I.	Birthda	y: Month/Day
ADDRESS:							
	Home		ı	City	St	ate I	Zip
	Mailing (If Different	·)		City	C+	ate	Zip
	Maining (ii Dinerent	.)		City	30	ate	ΣΙΡ
CONTACT: (<u>)</u> Mobile	()	Home	() Wo	ork		Email	
	I would like to opt	out of Club text updates		l would	like to opt o	ut of Club	email updates.
OCCUPATION:						Fir	
							111
RECOMMENDED BY:Candl			e Club Member			Member Number	
> Step Three	*Plea	se fill out ACH Pa Auto-Bill Pavi	ayment informanent is on the fi				2.
P a y m e n t							
	, ,	ur membership ap					
> Step Four	> be mailed to yo	period for approval. Ou at the address	provided on the	application.	Our dres	s code	is as follows;
IMPORTANT	t-shirts, hoodies	no ball caps, or ha or athletic wear, no	flip flops. Reserva	ntions are reco	ommende	d especi	ially on Friday
INFORMATION		ghts, please call 31 eclubwichita.com o					
Step Five	APPLICANT						
SIGN HERE	SIGNATURE:	"I Agree	to Abide by the I	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
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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