



The Atherton Club

Membership Application

Date of application:

Please check one: Mr. Mrs. Dr. Ms.

First name

Last name

Company Name

Preferred mailing address: Home Business

Street address

City

State

Zip

Business Phone

Home Phone

E-mail

Room type preferences

One king

Smoking two doubles

no preference non smoking

Comments/Special Requests

I agree to all rules and restrictions of The Atherton Club as prescribed on The Atherton Hotel Website:

Signature: _____