



# THE CAXTON CLUB

## Membership Application

Name \_\_\_\_\_

Spouse or Companion Name (optional) \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Profession \_\_\_\_\_

Short biography, including book interests

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Birthdate if applying for Junior Membership (under 30) \_\_\_\_\_

Signature and Date

\_\_\_\_\_

*Please mail completed application to:*

The Caxton Club, 60 West Walton Street, Chicago, IL 60610

or email to [caxtonmembership@gmail.com](mailto:caxtonmembership@gmail.com)