



THE STOVALL HOUSE

Thank you for your interest in The Stovall House.

The Stovall House is a modern day iteration of a social club. The Stovall House is a space to wander, mingle, entertain, and relax. It is a place for community and celebration, a space for the special and the everyday, and a respite between home and the outside world. It is a hub for members to connect privately and professionally. It is a place where influencers converge.

Our membership is the heart of the club, a group of people who value the very best in life and are willing to pursue it. Should you wish to apply, please submit completed application to socialsecretary@thestovallhouse.com or mail to The Stovall House, 4621 Bayshore Boulevard, Tampa, FL 33611.

Please note, all applicants must be sponsored by a current member in order to qualify for membership. Membership will be considered upon submission of completed application including applicant photograph, letter from your current member sponsor, letters from your references, and a copy of a government issued ID; and if applicable, a marriage certificate and letter from club listed stating you are a member in good standing. Initiation fees will not be collected until membership is approved. Please do not send in payment until you've been notified of acceptance.

Best,
The Stovall House



THE STOVALL HOUSE

Member Application

THE STOVALL HOUSE
4621 Bayshore Boulevard | Tampa, Florida | 33611
www.stovallhouse.com



THE STOVALL HOUSE

Application Requirements

PLEASE SUBMIT THE FOLLOWING:

Membership will be considered upon submission of a completed application.
Applications must include:

- Letter from current member sponsor
- Letters from two references
- Copy of government-issued ID
- Copy of marriage certificate (if applicable)
- Letter from club listed, stating you are a member in good-standing (if applicable)

Membership Levels & Benefits

CHOOSE ONE:

___ JUNIOR MEMBER

- 21-35 years of Age
- Full Access to all club privileges
- Membership Includes Spouse

One-Time Initiation Fee:*

\$5,000

Monthly Dues: \$250**

___ SOCIAL MEMBER

- Full Access to all club privileges
- Membership Includes Spouse

One-Time Initiation Fee:*

\$20,000

Monthly Dues: \$250**

**Membership rates listed do not include the applicable Florida Sales Tax. One-Time Initiation Fee is due upon application acceptance.*

***Monthly dues subject to change.*



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Membership Application

Name of Current Member Sponsor: _____

**Sponsor must be a current Stovall House member and have been a member for a minimum of six months.*

APPLICANT DETAILS:

First Name: _____ Middle: _____

Last Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number For Correspondence (Cell/Home/Business): _____

Email Address: _____ Marital Status: _____

Vehicle: Make _____ Model _____ Type _____ License Plate Number: _____

PERSONAL DETAILS:

Name of Spouse: _____

(Please complete the Spouse Profile provided. Social Membership includes spouses.)

Names & Ages of Dependents: _____

COMPANY DETAILS:

Company Name: _____ Occupation/Job Title: _____

Nature of Business: _____ **If retired, please list former occupation and employer.*

Company Website: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____



THE STOVALL HOUSE

Membership Application

SPECIFIC AREAS OF INTEREST (CHECK ALL THAT APPLY):

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Fashion | <input type="checkbox"/> Technology & Social Media |
| <input type="checkbox"/> Architecture & Design | <input type="checkbox"/> Investments | <input type="checkbox"/> Theater & Dance |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Music | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Culinary | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Education | <input type="checkbox"/> Politics | <input type="checkbox"/> Wine & Spirits |
| <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other: _____ |



THE STOVALL HOUSE

Spousal Membership Application

SPOUSAL DETAILS:

First Name: _____ Middle: _____

Last Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number For Correspondence (Cell/Home/Business): _____

Email Address: _____

Vehicle: Make _____ Model _____ Type _____ License Plate Number: _____

COMPANY DETAILS:

Company Name: _____ Job Title: _____

**If retired, please list former occupation and employer.*

Company Website: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____



THE STOVALL HOUSE

Spousal Membership Application

SPECIFIC AREAS OF INTEREST (CHECK ALL THAT APPLY):

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Fashion | <input type="checkbox"/> Technology & Social Media |
| <input type="checkbox"/> Architecture & Design | <input type="checkbox"/> Investments | <input type="checkbox"/> Theater & Dance |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Music | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Culinary | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Education | <input type="checkbox"/> Politics | <input type="checkbox"/> Wine & Spirits |
| <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other: _____ |



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Additional Details

REFERENCES*:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

**References must be Stovall House members.*

CLUBS & ORGANIZATIONS:

Name of Club/Organization You Belong To: _____

Year Accepted: _____

City/State: _____

Present/Former Member: _____

Name of Club/Organization You Belong To: _____

Year Accepted: _____

City/State: _____

Present/Former Member: _____

PLEASE ANSWER THE FOLLOWING:

Describe your charity and community involvement.

Why do you wish to join The Stovall House?



THE STOVALL HOUSE

Membership Application Agreement

The undersigned applicant (“Applicant”) desires to obtain a **(Circle One) Social / Under 35** Membership (hereinafter the “Membership”) in The Stovall House (the “Club”) and hereby submits this Application and Membership Agreement (together with all addenda attached hereto, collectively referred to herein as the “Application and Membership Agreement”) to Stovall House Club LLC, a Florida limited liability company (the “Club Operator”), for consideration. Any capitalized terms not otherwise defined herein shall have the meaning ascribed to them in the Membership Plan (as amended, the “Membership Plan”). If this Application and Membership Agreement is accepted by the Club Operator, the Applicant requests that their name be placed on the Membership Roster as follows.

_____	_____	_____
Date	Print Name of Applicant	Signature of Applicant

_____	_____	_____
Date	Print Name of Spouse Applicant	Signature of Spouse Applicant