



THE STOVALL HOUSE

Thank you for your interest in The Stovall House.

The Stovall House is a modern day iteration of a social club. Coming 2021, The Stovall House will be a space to wander, mingle, entertain, and relax. It will be a place for community and celebration, a space for the special and the everyday, and a respite between home and the outside world. The grounds will feature the historic home and greenhouse, private gardens and outdoor gathering spaces, and dining at The Orangery.

We are busy building the heart of the club - our community. We are curating a membership that will bring this dream to life, a dream that begins and ends with the people that make up the club, a group that values the very best in life and is willing to pursue it.

Best,
The Stovall House

Dues are not accrued until opening. The club has limited availability. Should you wish to apply, please submit to socialsecretary@thestovallhouse.com or mail to The Stovall House, 4908 W. Nassau St., Tampa, FL 33607. Membership will be considered with submission of completed application and photograph.



THE STOVALL HOUSE

Pre-Opening Member Application

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



THE STOVALL HOUSE

Pre-Opening Membership Levels & Benefits

CHOOSE ONE:

___ JUNIOR MEMBER

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

One-Time Initiation Fee:**

~~\$5,000~~ \$2,500

Monthly Dues: \$250***

___ SOCIAL MEMBER

- Full Access to all club privileges
- Membership Includes Spouse
- Split Payment*

One-Time Initiation Fee:**

~~\$10,000~~ \$5,000

Monthly Dues: \$250***

**Initiation fees may be paid in two separate payments; 50% of the fee due upon application acceptance, and 50% of the fee due one month prior to club opening.*

***Membership rates listed do not include the applicable Florida Sales Tax.*

****Monthly dues subject to change.*



THE STOVALL HOUSE

Membership Application

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: _____

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: _____

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: _____ |



THE STOVALL HOUSE

Additional Details

REFERENCES:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

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
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Date	Print Name of Spouse Applicant	Signature of Spouse Applicant
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