



Membership Referral Form

Membership Packets are available in the membership office or online by following these convenient steps:

- 1) Go to www.SignatureClub.org**
- 2) Click Membership Info.**
- 3) Scroll down to Membership forms and print forms**

Current Member Name: _____

Address: _____

Phone Number: _____

Membership ID# (office will complete if not known) _____

Type of Membership: **Family Membership** **Single with Children**
 Single with 1 Child **Couple**
 Single **Senior Couple** **Senior Single**

Date Referral Form Submitted (To be completed by office): ____/____/____

Referral Dollars Earned (To be completed by office): **\$50** **\$100**
 Applied to Member Account
 Issue Refund Check

New Member Name: _____

Address _____

Phone Number: _____

Membership ID# (office will complete once joined) _____

Type of Membership: **Family Membership** **Single with Children**
 Single with 1 Child **Couple**
 Single **Senior Couple** **Senior Single**

New Member Dues (To be completed by office): **Deposit Paid, balance owed.** **Paid in full.**

Referral submitted on ____/____/____ **for Credit**