



MEMBERSHIP APPLICATION

3256 Lansdowne Drive
Lexington, Kentucky 40502
859-277-6600 x 3 859-277-7743 Fax
www.SignatureClub.org

PRIMARY MEMBER Dr. Mr. Mrs. Ms.

Photo taken & on file

Membership Card Issued

NAME _____ BIRTH DATE: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMPLOYER'S NAME _____ TITLE _____

WORK PH: (____) _____ HOME PH: (____) _____ MOBLE PH: (____) _____

E-MAIL: _____

ASSOCIATE MEMBER - SPOUSE'S NAME Dr. Mr. Mrs. Ms.

Photo taken & on file

Membership Card Issued

NAME _____ BIRTH DATE: _____

EMPLOYER'S NAME _____ TITLE _____

WORK PH: (____) _____ HOME PH: (____) _____ MOBLE PH: (____) _____

E-MAIL: _____

ASSOCIATE MEMBERS – CHILDREN - Unmarried dependent children under the age of 24 (currently enrolled in school, over age 21 & older requires copy of Student's School ID and Driver's License) all living in the same household as the primary member.

1. _____ (DOB) _____ Age _____ Photo taken & on file # Issued _____

2. _____ (DOB) _____ Age _____ Photo taken & on file # Issued _____

3. _____ (DOB) _____ Age _____ Photo taken & on file # Issued _____

4. _____ (DOB) _____ Age _____ Photo taken & on file # Issued _____

5. _____ (DOB) _____ Age _____ Photo taken & on file # Issued _____

6. _____ (DOB) _____ Age _____ Photo taken & on file # Issued _____

EMERGENCY CONTACT NAME: _____ PH: (____) _____

How did you learn about The Signature Club? Member Referral Advertising...What Type _____

What factors brought you to join The Signature Club? _____

Have you been a member of another private club in Lexington? NO YES Which One? _____ Still a member of _____

Annual Membership Fees: It is agreed that membership will not be effective unless and until this application is approved. Joining on or before the 15th of a month your membership will expire the 30th of the prior month. Joining on or after the 16th of a month your membership will expire the 30th of that month. Membership Contracts renew annually. All membership cancellations must be submitted in writing with 30 days of notice. Membership fees may be paid by check or VISA, MasterCard, American Express or Discover in the business office or by mail to: **The Signature Club-3256 Lansdowne Drive-Lexington, KY 40502**

The annual fee schedule for Signature Club Memberships is as follows with a 20% non-refundable deposit to secure your membership. Memberships are not active until the balance is paid in full.

Membership Status - Definitions can be found online under Membership Info*	Annual Fee
<input type="checkbox"/> Family Membership*	\$2,000.00
<input type="checkbox"/> Single with Children*	\$1,800.00
<input type="checkbox"/> Single with 1 Child*	\$1,600.00
<input type="checkbox"/> Couple Membership*	\$1,600.00
<input type="checkbox"/> Single Membership	\$1,200.00
<input type="checkbox"/> Senior Couple (62 years or more)	\$1,300.00
<input type="checkbox"/> Senior Single (62 years or more)	\$ 900.00
<input type="checkbox"/> Non-Resident Family (Primary Residence is outside Kentucky)	\$1,500.00
<input type="checkbox"/> Non-Resident Couple (Primary Residence is outside Kentucky)	\$1,000.00
<input type="checkbox"/> Non-Resident Single (Primary Residence is outside Kentucky)	\$ 800.00

Terms & Conditions, Rules & Regulations and Bylaws: It is agreed that this membership and all persons using the facilities of Club Facilities (The Signature Club of Lansdowne) pursuant to this membership are bound by and shall comply with all bylaws, terms and conditions and rules of The Signature Club as they now exist, or as they may be adopted or amended.

CHECK LIST for additional Membership Forms required for membership to be activated:

- General Release & Waiver Form Signed
- Medical History Form Completed for each person on membership
- Children ages 12-17 if applicable - Unsupervised Children's Disciplinary Contract Signed

Primary Applicants' Signature

_____/_____/_____
Date

General Managers' Signature

_____/_____/_____
Date

TO BE COMPLETED BY OFFICE – Staff Name: _____

Deposit Paid Cash \$ _____ Check # _____ \$ _____ VISA MC AmEx Discover \$ _____ DATE: ____/____/____

Paid In Full Cash \$ _____ Check # _____ \$ _____ VISA MC AmEx Discover \$ _____ DATE: ____/____/____

Application Date Received: ____/____/____ Date Membership Active: ____/____/____ Annual Expiration Date: ____/____/____