



MEMBERSHIP APPLICATION

TODAY'S DATE _____

PRIMARY MEMBER Dr. Mr. Mrs. Ms.

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.

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 27 all living in the same household as the Primary Member.

1. _____ Age _____ 4. _____ Age _____

2. _____ Age _____ 5. _____ Age _____

3. _____ Age _____ 6. _____ Age _____

How did you learn about The Signature Club?

Member Referral Advertising Other, Please Describe: _____

Have you been a Guest at The Signature Club Pool within the last two years? Yes No

What factors make you interested in joining The Signature Club?

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

Still a member of _____

Membership Type

Current Annual Dues (Plus tax)

- Family Membership \$2,950.00
- Single with Children \$2,585.00
- Single with 1 Child \$2,335.00
- Couple Membership \$2,335.00
- Single Membership \$1,850.00
- Senior Couple (62 years or more) \$1,970.00
- Senior Single (62 years or more) \$1,350.00

NOTES: _____

PLEASE EMAIL COMPLETED FORM TO TAMMY@SIGNATURECLUB.ORG – YOU WILL RECEIVE A CONFIRMATION OF RECEIPT

APPLICATION RECEIVED BY OFFICE ON: _____