



## Membership Renewal

3256 Lansdowne Dr.  
Lexington, KY 40502

859-277-6600 (ext. 2)  
[www.signatureclub.org](http://www.signatureclub.org)

|                                                                                                                                                                                                                                     |                      |                                                                                                                      |                                        |                          |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|------------------------------------|
| <b>Primary Member</b>                                                                                                                                                                                                               |                      | <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Photo on File <input type="checkbox"/> | Member #: _____          |                                    |
| Name: _____                                                                                                                                                                                                                         |                      | Birth Date: _____                                                                                                    |                                        |                          |                                    |
| Mailing Address: _____                                                                                                                                                                                                              |                      |                                                                                                                      |                                        |                          |                                    |
| Street                                                                                                                                                                                                                              |                      | City                                                                                                                 | State                                  | ZIP                      |                                    |
| Primary Phone: _____                                                                                                                                                                                                                |                      | Primary Email: _____                                                                                                 |                                        |                          |                                    |
| <b>Associate Member</b>                                                                                                                                                                                                             |                      | <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Photo on File <input type="checkbox"/> | Card #: _____            |                                    |
| Name: _____                                                                                                                                                                                                                         |                      | Birth Date: _____                                                                                                    |                                        |                          |                                    |
| Primary Phone: _____                                                                                                                                                                                                                |                      | Primary Email: _____                                                                                                 |                                        |                          |                                    |
| <b>ASSOCIATE MEMBERS – CHILDREN:</b> Unmarried dependent children under the age of 27 living in the same household as the Primary Member. Photo ID and proof of residency must be provided. <b>Photos must be updated annually.</b> |                      |                                                                                                                      |                                        |                          |                                    |
| <b>Name</b>                                                                                                                                                                                                                         | <b>Date of Birth</b> | <b>Current Age</b>                                                                                                   | <b>Sex</b>                             | <b>Photo on File</b>     | <b>Card #<br/>(if card issued)</b> |
| 1.                                                                                                                                                                                                                                  |                      |                                                                                                                      |                                        | <input type="checkbox"/> |                                    |
| 2.                                                                                                                                                                                                                                  |                      |                                                                                                                      |                                        | <input type="checkbox"/> |                                    |
| 3.                                                                                                                                                                                                                                  |                      |                                                                                                                      |                                        | <input type="checkbox"/> |                                    |
| 4.                                                                                                                                                                                                                                  |                      |                                                                                                                      |                                        | <input type="checkbox"/> |                                    |
| 5.                                                                                                                                                                                                                                  |                      |                                                                                                                      |                                        | <input type="checkbox"/> |                                    |
| 6.                                                                                                                                                                                                                                  |                      |                                                                                                                      |                                        | <input type="checkbox"/> |                                    |
| <b>EMERGENCY CONTACT:</b>                                                                                                                                                                                                           |                      | NAME _____                                                                                                           |                                        |                          | PHONE _____                        |

**Annual Membership Dues and Renewal Terms:** It is agreed that membership will not be effective unless and until this application is approved and membership Dues are paid in full. All Dues must be paid by the date listed on each members renewal statement. Late payments will be subject to a \$50 nonrefundable Late fee. Cancellations must be submitted in writing thirty (30) days prior to expiration of your membership renewal. Membership Dues may be paid by cash, check, VISA, MasterCard, American Express or Discover in the business office, on-line, or by mail to: *The Signature Club, 3256 Lansdowne Drive-Lexington, KY 40502*. There is a processing fee (currently 3.0%, but subject to change) for all credit card transactions. **All memberships are non-refundable.** If you would like information on payment plan options please reach out to our Business office at [Christina@signatureclub.org](mailto:Christina@signatureclub.org) at least 15 days prior to your renewal due date. Late payments will not be eligible for payment plan options.

| Membership Type           | Annual Fee (tax included) |
|---------------------------|---------------------------|
| Family Membership         | \$3,800.00                |
| Single with Children      | \$3,300.00                |
| Single with One (1) Child | \$3,000.00                |
| Couples Membership        | \$3,000.00                |
| Single Membership         | \$2,375.00                |

**Terms and Conditions; Rules and Regulations:** It is agreed that this membership and all persons using the facilities of The Signature Club of Lansdowne are bound by and shall comply with all terms and conditions of the Membership Agreement and rules and policies of The Signature Club as currently exist, or as may be adopted or amended in the future. Membership information and a link to our Full terms and conditions can be found on our website at <https://www.signatureclub.org/rules.html>

Primary Applicant Signature

Date

Associate Applicant Signature

Date

### TO BE COMPLETED BY CLUB OFFICE:

Date of Receipt

Membership Activation Date

G.M. Signature

Date