



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 _____

Table with 2 columns: Membership Type, Current Annual Dues (Plus tax). Rows include 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 PATSY@SIGNATURECLUB.ORG – YOU WILL RECEIVE A CONFIRMATION OF RECEIPT

APPLICATION RECEIVED BY OFFICE ON: _____