



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: \_\_\_\_\_
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APPLICATION RECEIVED BY OFFICE ON: \_\_\_\_\_