



WAITLIST MEMBERSHIP APPLICATION

TODAY'S DATE _____

PRIMARY MEMBER Dr. Mr. Mrs. Ms.

NAME: _____ BIRTHDATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER'S NAME: _____ TITLE: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

ASSOCIATE MEMBER Dr. Mr. Mrs. Ms.

NAME: _____ BIRTHDATE: _____

EMPLOYER'S NAME: _____ TITLE: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

MEMBERS CHILDREN: Unmarried dependent children under the age of 27 all living in the same household.

1. _____ Age _____ 2. _____ Age _____

3. _____ Age _____ 4. _____ Age _____

5. _____ 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

If so which one? _____ Are you still a member? _____

Membership Type	Current Annual Dues w/ Tax
<input type="checkbox"/> Family Membership	\$3,127.00
<input type="checkbox"/> Couple	\$2,475.10
<input type="checkbox"/> Single	\$1,961.00

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

Received by office by: _____ Date: _____