



Calvert City Golf & Country Club

Membership Application
123 Country Club Lane
Calvert City, KY 42029
270-395-5831

Application Date: _____

Name _____ Spouse Name _____

Birth Date _____ Cell # _____ Birth Date _____ Cell# _____

Single Married

Street Address: _____ City: _____

State: _____ Zip: _____ email: _____

Children names/Birthdates: If over age 18, MUST show proof of full time school). If more than 3, please write on the back of this sheet.

1. Name: _____ Date of Birth _____

2. Name: _____ Date of Birth _____

3. Name: _____ Date of Birth _____

Type of Membership: *Note: Age refers to OLDEST member of household*

Regular: Age 36 - 79 Junior Age 26 or under

Junior Age 27-35 Senior Age 80 & over

Out of State - over 50 Mi.

Dues Collected (minimum 3 months \$ _____ Method of pay: _____ Check # _____

Cash

Name of employee Taking App _____ Credit cd

Check term you wish to pay by. Please note:

We accept ACH (Automatic bank draft) pmts or you Must pay annually

Monthly Quarterly Semi-Annual Annual

Signatures of Sponsoring Members:

1 _____

2 _____

By Signing this application and membership being granted, you are hereby agreeing to the rules set forth in the CCG&CC bylaws, including automatic ACHS billing of dues.

1 _____

2 _____

Signature of Applicant

Signature of Applicant

In the absence of sponsoring members at the time of consideration for membership, a background check and/or personal interview may be required

Approved by the Board of Directors: YES _____ NO _____ Date _____

New member Package mailed date _____ icontact updated _____