



# 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. Children over 22 must have own membership.

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	<input type="checkbox"/>	Junior Age 26 or under	<input type="checkbox"/>
Junior Age 27-35	<input type="checkbox"/>	Senior Age 80 & over	<input type="checkbox"/>
Out of State - over 50 Mi.	<input type="checkbox"/>		

Name of employee Taking App \_\_\_\_\_

Names of Current Members that Referred you to Calvert City Golf & CC

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 \_\_\_\_\_