

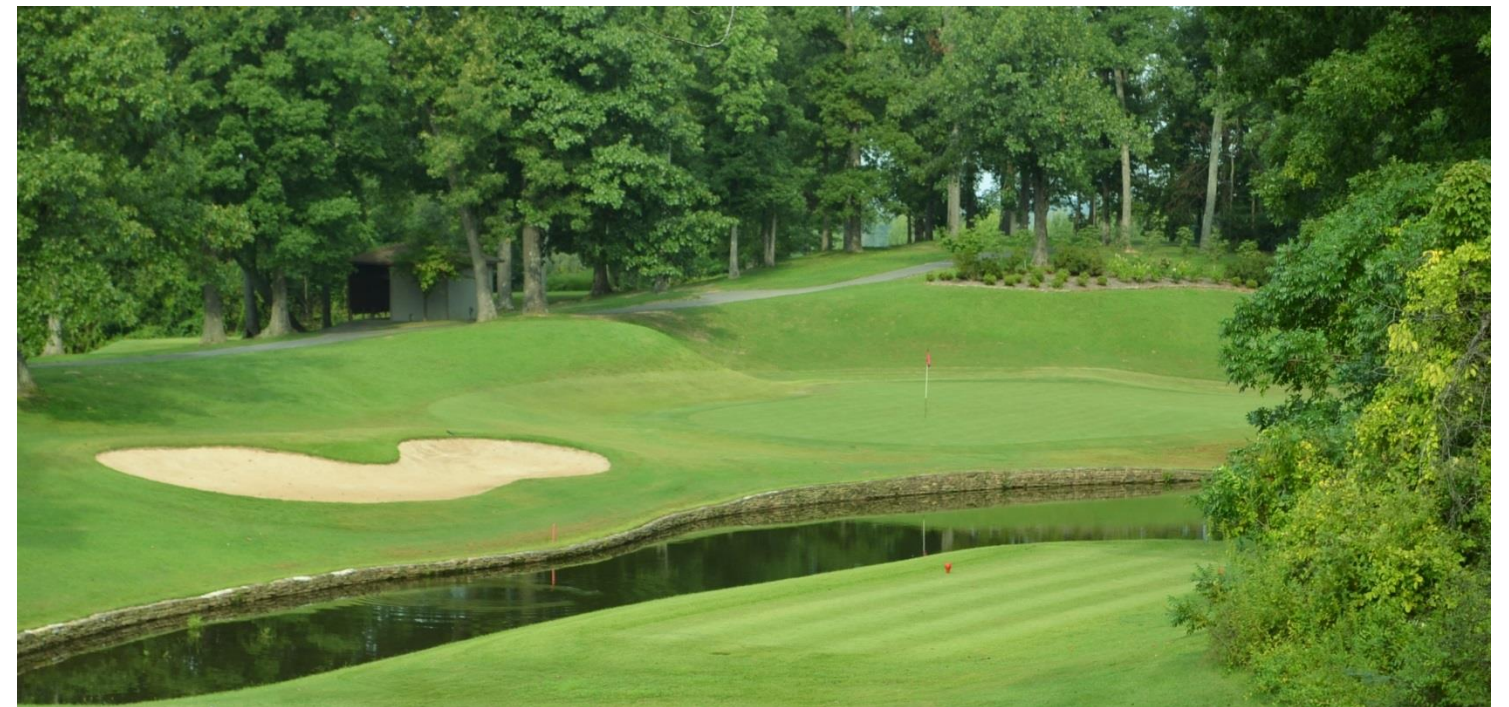
*For office use only*

Date Received: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Effective Date of Membership: \_\_\_\_\_  
Membership Number: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
Initiation Paid: \_\_\_\_\_ Promotion: Yes  No  \_\_\_\_\_



# *Application for Membership*

6500 TURNBERRY DRIVE • PADUCAH, KY 42001  
(270) 554-7914  
WWW.CCOFPADUCAH.COM



- Membership Category Desired:
- Premier Member
  - Corporate Member
  - Executive Member (ages 31-39)
  - Associate Member (ages 21-30)
- Recreation Member
  - Recreation Young Professional Member (ages 21-34)
  - Social Member
  - Social Young Professional Member (ages 21-34)
  - Non-Resident Member

## Personal Information

Name \_\_\_\_\_  
Title First Middle Initial Last Nickname

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

Email Address \_\_\_\_\_

Single  Married  Divorced  Widowed If married, please fill out the Spouse information below:

Spouse's Name \_\_\_\_\_  
Title First Middle Initial Last Nickname

Cell Phone Number \_\_\_\_\_ Wedding Anniversary Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's SSN # \_\_\_\_\_

Spouse's Email Address \_\_\_\_\_

## Business Information

Applicant's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Business Telephone Number \_\_\_\_\_ Years in Present Employment \_\_\_\_\_

Email Address \_\_\_\_\_

Education Background \_\_\_\_\_

Spouse's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Years in Present Employment \_\_\_\_\_

Email Address \_\_\_\_\_

Education Background \_\_\_\_\_

## Dependent Children

Please list only dependent children living at home or students under the age of 24:

Name	Date of Birth	Male	Female
_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>

## Reference Information

Please list names of other country clubs, city clubs, golf clubs or athletic clubs where you currently belong or have belonged in the past. Please list city and state where club is located, length of membership and if you have served as a club officer, committee member or board member:

\_\_\_\_\_  
 \_\_\_\_\_

Please list The Country Club of Paducah members with whom you have social or business contacts:

\_\_\_\_\_  
 \_\_\_\_\_

Names of other organizations or associations in which you hold or have held membership:

\_\_\_\_\_  
 \_\_\_\_\_

What club facilities do you plan on using regularly? (Please check all that apply)

Dining:  Casual/Bar  Formal Dining  Banquet  Meeting Rooms

Sports:  Golf Course  Tennis Courts  Pool  Fitness Center

If elected to membership at The Country Club of Paducah, would you be willing to serve on committees or enter into Club activities?

Yes  No

## Authorization

By signing this application for membership, I hereby authorize The Country Club of Paducah, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the by-laws and Rules and Regulations of The Country Club of Paducah in the present form or as may be amended (a copy of the by-laws may be obtained from the club office upon request).

I agree to pay my monthly statement by the 20th of each month in full and agree to pay late charges, fees and interest from the time the account is deemed delinquent in accordance with Club Rules and Regulations, as well as the by-laws. I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card. I also agree to pay all costs of collection including attorney's fees, collection fees and contingent fees to collection agencies of not less than 40%. Such contingency fees will be added and collected by the collection agency immediately upon account default and our referral of your account to said collection agency.

Card Type \_\_\_\_\_ Account Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ V-code \_\_\_\_\_

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing The Country Club of Paducah.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Member Sponsor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_