



Calvert City Country Club
PROPOSAL FOR MEMBERSHIP

199 Country Club Lane
Calvert City, KY 42029
270-395-5831

DATE _____

Name

Spouse Name

Birth date _____ **cell #** _____

Birth date _____ **cell #** _____

Nickname if preferred

Single _____

Home Address: _____

Email Address: _____

Work Phone: _____ Home Phone: _____

Children names / Birthdates:

Type of membership: Full: _____ Pool: _____ Junior: _____

Initiation Fee: \$ _____ Monthly dues: \$ _____

Monthly Bank Plan: _____ Bank Information: _____

Quarterly Billing: _____ Semi-Annual Billing: _____ Annual Billing: _____

After acceptance and approval of application by the Board of Directors, a copy of the Rules for the Golf Course, Pool and Club will be mail to the member.

Signatures of Sponsoring Members:

1.) _____

Signature of Applicant

2.) _____

Signature of Applicant

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

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