



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"/>		

Initiation Fee: \$500 one time payment paid via ACH

(must choose 1 option) \$100/month for 5 months paid via ACH

Yearly Unlimited Golf Carts per person - \$48.58/ month paid via monthly ACH (Per Person)

Name of employee Taking App _____

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

1 _____

2 _____

By Signing this application and if membership is granted, you are hereby agreeing to the rules set forth in the CCG&CC bylaws, including automatic ACH 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 _____