

Membership Application



Type of Membership Desired

Check One (Tax included on all annual dues	shown below):	
□Family – Member, Spouse, and dependent children living in the home 26 & under.		\$3800.00
□Single Parent with Children- Member, & dependent children living in the home 26 & under.		\$3300.00
□Couple-2 Adults or Single parent and 1 child living in the same home.		\$3000.00
□Single – Member Only		\$2375.00
D T f		
Personal Information		
Name:		
Primary Address:		
Date :	Cell Phone Number:	
Email Address:		
Spouse/Significant Other: Name:		
Spouse/Significant Other: E-mail Address:		
Significant Other: Cell Phone Number:		
Please list Dependent Children and ages (0-2	26):	
Name Date	of Birth	
I .		

The Signature Club • 3256 Lansdowne Drive • Lexington, KY 40502 Phone: (859) 277-6600 ext 2 • Christina@signatureclub.org

www.signatureclub.org