

Cynthiana Country Club  
P.O. Box 476  
Cynthiana, Kentucky 41031



Application Date \_\_\_\_\_

I / we, \_\_\_\_\_ hereby apply for Membership in the Cynthiana Country Club, Inc. I / We agree to purchase five (5) shares of Cynthiana Country Club Stock for \$100 per share. (One share of stock may be purchased each year until five (5) shares of stock have been purchased. However, no Stock Certificate will be issued until the full amount has been paid for the full five (5) shares.) If accepted for Membership, I / We agree to abide by all rules and regulations of the Cynthiana Country Club, Inc.

\_\_\_\_\_ (Signature)

**Type of Membership (Complete Pg 2 as applicable):**

- |  |                                       |                                     |   |                                      |
|--|---------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> * Married or Single with Dependents | <input type="checkbox"/> * Single (S) |                                     |   |                                      |
| <input type="checkbox"/> Full (*)                            | <input type="checkbox"/> Senior (*)   | <input type="checkbox"/> Junior (*) | <input type="checkbox"/> Transition (S)   | <input type="checkbox"/> Student (S) |
| <input type="checkbox"/> Pool (*)                            | <input type="checkbox"/> Social (*)   | <input type="checkbox"/> Corporate  | <input type="checkbox"/> Non-Resident (*) |                                      |

**Please Complete the following:**

Primary Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

eMail address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Secondary Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

eMail address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ How long at this residence? \_\_\_\_\_

Employer of Primary Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer of Secondary Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

eMail address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Relationship to Primary Applicant: \_\_\_\_\_

Sponsor \_\_\_\_\_

This application must be approved by the Board of Directors which meets on the second Monday of each month. Please attach \$100.00 (cash or check) to this application for the first share of stock.

**For Full Memberships:**

**DEPENDENTS:**

Name	Date of Birth	Phone Number	School Attending

**For Corporate Memberships:** (Name of Corporation) \_\_\_\_\_

Please provide the additional names that will fall under the membership. The primary was listed above and will be charged the Full Membership rate. The next four (2-5) are eligible for the reduced rate. The next one (6) would be another Full Membership rate. The next four (7-10) are eligible for the reduced rate. Repeat until you have filled in all the names. We will ask them to complete the applicant, emergency contact, and dependent portion of this application to receive the rest of the information. Use an additional page if necessary.

Name		Phone Number	Address

Club Use Only (A/D to be filled out by the person taking the application. Amounts will be filled in and calculated by the Board upon Membership Approval):

Dues or Fee Type	Amt Inc. Tax	Dues or Fee Type	Amt Inc. Tax
(A) Membership Dues Only:		(D) Other Fees:	
(B) Promotional Dues Rate: 50% Due for Full, Pool, and Non-Resident memberships ONLY.	(A) x 50%		
(C) Promotional Payment: \$1060 for Full memberships \$530 for Pool and Non-Resident All other memberships equal (A).		(C+D) Total Due Upon Acceptance:	
		(C-B) Applied to 2 <sup>nd</sup> Year:	