

# Campbellsville Country Club

P.O. Box 151  
Campbellsville, KY 42719  
Ph. (270) 465-3620

## Application for Membership

Amenities include:

- \*18 hole championship golf course
- \*Expanded driving range
- \*PGA Professional
- \*Staffed, quality dining
- \*Swimming pool
- \*Experienced professional staff
- \*Fully stocked pro shop
- \*Lighted practice greens
- \*Reception and meeting rooms
- \*Snack bar
- \*Playground

I hereby apply for membership in the Campbellsville Country Club. I realize that in joining, I gain access to all the facilities at the club for me, my spouse and children under the age of 21 (unless they are full time students). I agree to acquaint myself and my family with all the rules of the club and abide by them. The members of my family which will be eligible to use the facilities are listed below with my application.

Name of Applicant: \_\_\_\_\_ Address \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ City \_\_\_\_\_

E-mail Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Children:	<u>Name</u>	<u>Date of Birth</u>
	_____	_____
	_____	_____
	_____	_____

Annual Membership Dues:  
Cart Path Fee: \$ 100.00  
Families: \$1500.00  
Seniors: \$1400.00  
Singles: \$1400.00  
Non-Resident \$1000.00  
Student \$ 600.00  
\*\* 1/2 year dues are due with application. **Cart Path fee is a one time initiation fee.**

Names and Addresses of 3 sponsoring members of Campbellsville Country Club

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

My check for first years dues and fees is enclosed with application. By signing below, I am agreeing to join CCC for a minimum of one year and I accept responsibility of all fees due for this and any future membership term.

Signed \_\_\_\_\_ Date \_\_\_\_\_