



Date Posted _____

APPLICATION FOR MEMBERSHIP

Name: _____ Birth Date: _____

Spouse's Name: _____ Birth Date: _____

Address: _____ Zip: _____

Phone #: _____ Alternate #: _____

Your email address: _____

Employer: _____ Occupation: _____

Spouse's email address: _____

Spouse's Phone #: _____

How long have you been a resident of Metro Louisville: _____

Have you or a family member been members before? _____ If so, who and for how long? _____

Names and Ages of any children:

Name _____ Birth Date: _____

Name _____ Birth Date: _____

Name: _____ Birth Date: _____

References: (2 please)

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Sponsoring Member: _____ Signature: _____

Applicant Signature: _____ Date _____



Membership Selection

1 year ☐
Initial _____

2 year ☐
Initial _____

1 Year = 12 month minimum dues, initiation fee, capital assessments, food minimums and other fees associated, unless noted.

2 year = 24 month minimum dues, capital assessments, food minimums and other fees associated, unless noted. The Initiation fee is waived for a 24 month minimum agreement.

Member Type (circle one): Corporate Associate Individual Junior Social Promotion: Friends and Family

*If Friends and Family promotion is selected, the promotion pricing is through December, 2026. The remaining months will transition from the promotion rate to monthly dues for the membership chosen (Corporate, Associate, Individual, Junior, or Social). Membership will continue on a month to month basis following the 12 or 24 month commitment.

Signature: _____ **Date:** _____

Membership Renewal Date: _____

Rules & Regulations:

The undersigned agrees to abide by the Membership Rules and Regulations of South Park Country Club, which may be amended from time to time. Members are responsible for damages to golf carts done from themselves and their guests.

Charges On Account

The undersigned may charge cart fees, merchandise, food and beverage, guest fees and other charges to their membership account. The undersigned will be charged the balance listed on their monthly statement each month. A receipt for each payment will be provided and the charge will appear as an ACH Debit. The undersigned agrees that no prior notification will be provided. I authorize South Park Country Club to charge my account for the statement balance each month. This payment is for use by South Park Country Club at 915 South Park Road, Fairdale, KY 40118.





Payment Options Checking Account or Credit Card:

1. ACH Checking Account (no fee) PRIMARY ()

Billing Information

Name on Account _____ () Personal or () Business

Address _____ Phone # _____

City/State/Zip _____

Email _____

Bank Details () Checking () Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____

This authorization will remain in effect until I cancel it in writing, and I agree to notify South Park Country Club in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that in the case an ACH transaction is rejected for Insufficient Funds (NSF), South Park Country Club will at its discretion charge the credit card on file. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

2. Credit Card Authorization PRIMARY ()

The undersigned agrees to have a credit card on file, and credit card will be used as a primary or secondary payment method for the monthly statement balance. If the ACH is primary and the payment is declined, the credit card will be charged for the monthly statement amount. A 2.75% processing fee will be added to the total. If the card on file declines or expires, the undersigned agrees to provide an updated active credit card.

Card Type: ____ Master Card ____ Visa ____ Discover ____ AmEx ____ Other

Cardholder Name _____

As shown on card

Card Number: _____

Expiration date: MM/YY: _____

Credit Card CVV Security Code: _____

Cardholder Zip Code (from billing address): _____

I authorize South Park Country Club to process charges to the ACH and/or credit card for agreed upon charges and terms. I understand that my information will be saved for future transactions on my account.

Applicant Signature: _____ Date _____