



# Mandatory Social Membership Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_

Your birth date: \_\_\_\_\_ Spouse's birth date: \_\_\_\_\_

Children's Name(s) & Birth date(s): \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_ Secondary E-Mail: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Applicant's Signature:* \_\_\_\_\_

*Polo Fields Golf and Country Club:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Polo Fields Golf and Country Club  
17001 Polo Fields Lane  
Louisville, KY 40245  
502-244-6688  
PoloFieldsCC.Com

Member No. Assigned \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Enter into CPS        | <input type="checkbox"/> Add Dependents     |
| <input type="checkbox"/> Clear out Store field | <input type="checkbox"/> Password           |
| <input type="checkbox"/> Email to HOA          | <input type="checkbox"/> Email to Member    |
| <input type="checkbox"/> Save App in CPS       | <input type="checkbox"/> Add to Email Lists |