



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 PSTT | <input type="checkbox"/> Add to Email Lists |
| <input type="checkbox"/> Password | <input type="checkbox"/> TV |
| <input type="checkbox"/> Add Contacts | <input type="checkbox"/> Email to Member |
| <input type="checkbox"/> Save App in PSTT | <input type="checkbox"/> |