



Social Membership Application and Agreement

Oxmoor Member Number: _____ I am a new Oxmoor Member Yes No

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ - _____ - _____ Phone (Secondary): _____ - _____ - _____

Email (Primary): _____ Email (Secondary): _____

Adults / Children / Grandchildren On Account:

Adult #1: First: _____ Last: _____

Adult #2: First: _____ Last: _____

Dependents On Pool Card - *Legal Children and Grandchildren Under The Age of 26*

Dependent #1: Name: _____ DOB: ___ / ___ / ___ Child
Grandchild

Dependent #2: Name: _____ DOB: ___ / ___ / ___ Child
Grandchild

Dependent #3: Name: _____ DOB: ___ / ___ / ___ Child
Grandchild

Dependent #4: Name: _____ DOB: ___ / ___ / ___ Child
Grandchild

Dependent #5: Name: _____ DOB: ___ / ___ / ___ Child
Grandchild

Babysitter / Nanny: Name: _____ DOB: ___ / ___ / ___

A babysitter may accompany the dependents listed above. They must pre-register at the sign in table and they will be considered a GUEST of the dependent.

I agree that the names listed above are truthful and accurate. I understand that the intentional falsification of my pool application could result in immediate termination of pool access.

Signature: _____ Date: ___ / ___ / ___



Pool Agreement Continued:

Rules:

Please see the listed rules below. Access to updated rules and information will be made available at OxmoorCountryClub.Com/Pool. If you have any questions, comments, or concerns - please visit the website and submit your information. A representative will assist you as soon as possible.

1. Members are required to check-in at the 19th hole with their member ID number before entering the pool deck.
2. Children 13 and under MUST be accompanied by an adult. It is required by all Parents/Guardians to monitor their children at all times.
3. Guests* (\$5 fee) must be accompanied by the member they came with at all times, certain peak time restrictions.
4. Babysitters/Nannies must be with the dependents at all times.
5. Swimming alone is prohibited. A lifeguard MUST be on duty.
6. Personal coolers, food, and/or drinks will NOT be allowed on Club property.
7. Safety first. Always walk. No RUNNING, HORSEPLAY, or MISCONDUCT allowed.
8. No pets of any kind allowed on the pool deck.
9. No smoking/vaping allowed within the pool area.
10. No flotation devices are allowed on diving boards.

Oxmoor Country Club reserves the right to deny the use of the pool at any time.* *rules & regulations apply, see pool mgr.*

I understand the rules listed above and I will be held responsible for my dependents and guests while they are visiting the pool.

Signature: _____ Date: ____ / ____ / ____

Payment Agreement:

Dues for the Oxmoor Country Club Pool & Social Membership is an annual fee of \$795. A check made in full must be submitted at the time of this application. If an application is submitted after the pool opens, you may be denied entry until payment has been processed.

Signature: _____ Date: ____ / ____ / ____

Printed Name: _____

Office Use Only:

<input type="checkbox"/> Member Number Established <input type="checkbox"/> Put In Point of Sale System <input type="checkbox"/> E-Mail	<input type="checkbox"/> Card Made <input type="checkbox"/> Card Picked Up <input type="checkbox"/> Ready To File	Additional Notes:
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Member Payment Option Form

Name: _____

Member #: _____

Please select your option below. Effective January 1, 2020, we will begin charging a 3% service fee on all credit card payments for monthly accounts.



Option 1:

CHECK
No Added Fees

Make Checks Payable To:

Oxmoor Country Club
9000 Limehouse Lane
Louisville, KY 40220



Option 2:

CREDIT CARD
3% Processing Fee

Or

DEBIT CARD
No Added Fees

I hereby authorize Oxmoor Country Club to charge the balance on my monthly statement to my credit card or debit card listed below:

____ **VISA**

Credit Card #: _____

____ **Master Card**

Expiration Date: _____

____ **Discover**

Security Code:

- **Visa/MC /Discover (3 Digit Code):** ____

____ **AMEX**

- **AMEX (4 Digit Code):** ____

Name On Card: _____ **City:** _____

Billing Address: _____ **State:** _____

_____ **Zip:** _____

Authorized Signature: _____ **Date:** _____

**The authorization will remain in effect until written notice is given to terminate.
Payment will be processed on the 23rd of the month.**



Option 3:

ACH / Bank Draft
No Added Fees

Monthly balance will be deducted from your bank account on the 23rd of each month. This option will require you to attach a voided check from the account that you would like for the payment to be deducted from. Please authorize the deduction by signing the statement below.

I hereby give Oxmoor Country Club authorization to deduct my statement balance from the account listed on the attached voided check.

Name: _____ **Account #:** _____

Signature: _____ **Date:** ____/____/____