

# LOSANTIVILLE COUNTRY CLUB

## APPLICATION FOR MEMBERSHIP

**COMMITMENT THROUGH MAY 31, 2026  
MUST COMPLETE APPLICATION IN ITS ENTIRETY**

**TO THE BOARD OF DIRECTORS:**

**DATE** \_\_\_\_\_

I/we wish to apply as a candidate(s) for membership to Losantiville Country Club in the category of **(Check only one). Sports - All amenities plus Golf, Clubhouse - All amenities except for Golf.**

- Sports (46 & Up)     Junior Sports (41-45)     Junior Sports (35-40)  
 Junior Sports (22-34)     Clubhouse

SPONSORING MEMBER \_\_\_\_\_

### PRIMARY APPLICANT (Must be the eldest in the family)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Years of Residence in Cincinnati \_\_\_\_\_

If you have not lived in the Cincinnati area for more than two years, where have you resided prior and for how long? \_\_\_\_\_

Current Residential Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address(es) for Club Correspondence \_\_\_\_\_



## PRIMARY APPLICANT CONTINUED: PROFESSIONAL INFORMATION

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Profession / Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Length of Time at Job \_\_\_\_\_

If less than two years, please list prior employer \_\_\_\_\_

Employer \_\_\_\_\_ Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Length of Time at Job \_\_\_\_\_

If less than two years, please list prior employer \_\_\_\_\_

## PERSONAL & PROFESSIONAL REFERENCES

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Name \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Length of Acquaintance \_\_\_\_\_ What is your association \_\_\_\_\_

Name \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Length of Acquaintance \_\_\_\_\_ What is your association \_\_\_\_\_

## AFFILIATIONS

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Please list any professional or charitable organizations to which you belong

Organization	Affiliation	Dates of Association
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any current or past Club affiliations

Club	Dates of Association
_____	_____
_____	_____



## SECONDARY APPLICANT (SPOUSE OR SIGNIFICANT OTHER)

(Conditions apply to what qualifies as a significant other)

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Current Residential Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email Address(es) for Club Correspondence \_\_\_\_\_

### PROFESSIONAL INFORMATION

Profession / Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Business Phone (\_\_\_\_) \_\_\_\_\_ Length of Time at Job \_\_\_\_\_  
 If less than two years, please list prior employer \_\_\_\_\_  
 Employer \_\_\_\_\_ Business Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Business Phone (\_\_\_\_) \_\_\_\_\_ Length of Time at Job \_\_\_\_\_  
 If less than two years, please list prior employer \_\_\_\_\_

### PERSONAL & PROFESSIONAL REFERENCES

Name \_\_\_\_\_  
 Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Length of Acquaintance \_\_\_\_\_ What is your association \_\_\_\_\_  
 Name \_\_\_\_\_  
 Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Length of Acquaintance \_\_\_\_\_ What is your association \_\_\_\_\_

### AFFILIATIONS

Please list any professional or charitable organizations to which you belong

Organization	Affiliation	Dates of Association
_____	_____	_____
_____	_____	_____



## FAMILY INFORMATION

Please list any dependents under the age of 22 who are still living at home, or full-time students

Name	Date of Birth	Hobbies
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief introduction of yourself and your family \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names of current LCC members you know. These members may be contacted to discuss your application to the Club.

Name	Relationship	Years Acquainted
_____	_____	_____
_____	_____	_____

## CLUB INFORMATION

Which area(s) of the Club do you plan to use? (Check all that apply)

- Racket Sports       Golf       Clubhouse       Pool

How did you hear about Losantiville Country Club?

- Online Advertisement       Word of Mouth       Internet Search  
 Neighborhood Magazine       Social Media       Other \_\_\_\_\_

## ACKNOWLEDGEMENT

I/We understand that this application for membership is subject to approval by the Board of Directors of **Losantiville Country Club** and that all information requested within this application is required for consideration. I/We agree that this information may be used to determine my eligibility. I/We understand that payment of an Initiation Fee, where applicable, is required upon acceptance and liability for monthly dues will begin upon activation of membership. All Dues and Fees are taxable and are non-refundable. Should I/we be accepted, I/we agree to abide by the Constitution and Rules & Regulations of **Losantiville Country Club**. I/we also understand that this membership is a commitment through **May 31, 2025. On June 1st, membership automatically renews for the following 12 months. The membership year automatically renews for a 12 month period on June 1 of each year.**

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Spouse / Significant Other Signature