



7105 NORTON AVENUE | CLINTON, NEW YORK 13323 | (315)853-8349 | WWW.SKENANDOA.COM

## **2019 MEMBERSHIP APPLICATION**

### **Membership Category (Choose One):**

\_\_\_\_\_ Full Golf                      \_\_\_\_\_ HPT

### **Personal Information:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Birth Date: \_\_\_\_\_

Spouse Email Address: \_\_\_\_\_

### **Name(s) of Dependent Children:**

1. \_\_\_\_\_ Birth Date: \_\_\_\_\_ 2. \_\_\_\_\_ Birth Date: \_\_\_\_\_

3. \_\_\_\_\_ Birth Date: \_\_\_\_\_ 4. \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Previous Skenandoa Club Member?**                      \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, when and what membership Category? \_\_\_\_\_

Upon acceptance of this Application, candidate is entitled to utilize the Club based on the Membership Category indicated above.

