



SENECA FALLS COUNTRY CLUB

I hereby submit an application for membership in the Seneca Falls Golf Association, Inc. – Seneca Falls Country Club.

MEMBERSHIP CLASSIFICATION _____

As a condition of my membership, if accepted, I agree to abide by the constitution and by-laws of Seneca Falls Country Club. I understand that my membership is continuous and that my written resignation will not be accepted until all of my financial obligations to the club have been discharged. I understand that dues are collected from January through December for each year. I understand and accept as a condition of my membership that I am responsible for all collection costs, including attorney fees incurred by Seneca Falls Golf Association, Inc. to cover any monies owed by me to Seneca Falls Golf Association, Inc.

NAME (please print) _____
_____ Date of Birth

SIGNED _____
_____ Occupation

SPOUSE _____
_____ Date of Birth

ADDRESS _____
_____ Telephone-Home

_____ Telephone-Work-His _____ Telephone-Work-Hers _____ Email Address

CHILDREN (only those covered under this membership)

_____ Date of Birth

_____ Date of Birth

_____ Date of Birth

REFERRAL MEMBER (not required) _____

To be completed by Seneca Falls Country Club

Original Year of Membership _____ Member Number _____

Return to Seneca Falls Country Club, P.O. Box 413, Seneca Falls, NY 13148