Pinehaven Country Club

APPLICATION FOR MEMBERSHIP

Category: (1) Family Over 40*	(9) Single Over 40	
(2) Family Dual Prim. Over 40*	(13) Single Over 40 w/ fam. Pool	
(7) Family Under 41*	(25, 26, 27) Associate Single Under 41	
(8) Family Dual Prim. Under 41*	(25, 26, 27) Associate Single Under 41 w/ fam. Pool	
(20) House Membership with Golf	-	
* Eldest of the Applicants	Note: All applicants for under 35 categories must provide proof of age	
APPLICANT (Primary) Date of birth		
Home Address	Home Tel. No	
CityState	_Zip E-mail Address	
Occupation		
Employed By	·	
Business Address	Bus. Tel. No	
City	State Zip	
FAMILY MEMBERSHIP (Please Complete	Only if Applying for Family Membership, or Single with family Pool)	
Spouse (Non-Primary)	Date of birth	
Spouse E-mail Address	Spouse Bus. Tel. No	
Children: (Names and Dates of Birth)		
I	DOB DOB	
I	DOB DOB	
	(To Be Completed by All Applicants)	
PINEHAVEN MEMBER SPONSOR (Ju	est ONE Please)	
Other Golf/ Country/ Athletic Clubs in which	membership has been held;	
Presently Have an Established Golf Handicap	o? GHIN No Handicap	
In Emergency, Please Notify:	Tel. No	
Payment Accompanying Application: For Ini	tiation Fee For Dues	

NOTE: In a Family Membership, the Primary Member has unrestricted access to the Golf Course; restrictions apply for a Non-Primary Member for tee times on Weekends and Holidays.

APPLICATION FOR MEMBERSHIP

APPLICANT	
(1) Family Over 40* (2) Family Dual Prim. Over 40* (7) Family Under 41* (8) Family Prim/Prim Under 41* (20) House Membership with Golf	(9) Single Over 40 (13) Single Over 40 w/ fam. Pool (25, 26, 27) Associate Single Under 41 (25, 26, 27) Associate Single Under 41 w/ fam. Pool
*Eldest of the Applicants	Note: All applicants for under 35 categories must provide proof of age
the Rules and Regulations of the Club in effective	Pinehaven Country Club Inc., and if accepted, agree to conform to and be bound by ct at any time applicable to the category of membership for which I am applying ar begins on November 1 st and ends on October 31 st .
	Board of Directors, it is agreed that I will be entitled to all the benefits and privileges pproved by the Board of Directors, all monies paid by me in accompaniment of this ν , and this agreement shall have no force.
	at I am responsible for the appropriate minimum monthly restaurant tab and that I of my family, and my guests. It is also agreed that membership does not confer on en Country Club Inc.
I further agree that my family, my gu Club in effect now or at any future time.	nests, and I will abide by and adhere to all Rules, Regulations, and By-laws of the
Country Club Inc., and that if I elect the opt	be an initiation fee in connection with an application for membership in Pinehaven tion of paying such initiation fee in installments, I remain obligated for the full ght terminate prior to the conclusion of the period over which the installments are to
can be made for payment in installments. I und the initiation fee payment is waived, I am no	e in force at this time of this application is \$, and that arrangements derstand that installments require additional carrying charges. I understand that if ot eligible for any senior discount and/or membership tenure benefits. I further egory of membership for which I am applying are \$ per year.
Included with this Application for Mer	mbership is a check, money order, or other funds for the following:
Initiation Fee:	\$
Dues for (year)	
Total Enclosed:	\$
Falsification of data entered	with this application is grounds for termination of membership.
Date of Application	Signature of Applicant
Accepted by Pinehaven Country Club Inc.	By:
	Date:
When Completed, this Application and the acco	

Pinehaven Country Club P.O. Box 567 Guilderland, NY 12084