

# Pinehaven Country Club

## APPLICATION FOR MEMBERSHIP

**Category:**

- (1) Family 40 and older\* \_\_\_\_\_ (9) Single 40 and older with family pool included \_\_\_\_\_
- (7, 34, 35) Family Under 40\* \_\_\_\_\_ (25, 26, 27) Associate Single Under 40 w/ family 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. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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)

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_



(To Be Completed by All Applicants)

PINEHAVEN MEMBER SPONSOR (*Just ONE Please*) \_\_\_\_\_

Other Golf/ Country/ Athletic Clubs in which membership has been held;

\_\_\_\_\_

Presently Have an Established Golf Handicap? \_\_\_\_\_ GHIN No. \_\_\_\_\_ Handicap \_\_\_\_\_

In Emergency, Please Notify: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Payment Accompanying Application: For Initiation 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.**

**THE REVERSE SIDE OF THIS APPLICATION MUST ALSO BE COMPLETED**

APPLICANT \_\_\_\_\_

(1) Family 40 and older\* \_\_\_\_\_  
(7, 34, 35) Family Under 401\* \_\_\_\_\_  
(20) House Membership with Golf \_\_\_\_\_

(9) Single 40 and older with family pool included \_\_\_\_\_  
(25, 26, 27) Associate Single Under 40 w/ family pool \_\_\_\_\_

**\*Eldest of the Applicants**

**Note: All applicants for under 35 categories must provide proof of age**

I hereby apply for membership in the Pinehaven Country Club Inc., and if accepted, agree to conform to and be bound by the Rules and Regulations of the Club in effect at any time applicable to the category of membership for which I am applying herewith. I understand that the membership year begins on November 1<sup>st</sup> and ends on October 31<sup>st</sup>.

If this application is approved by the Board of Directors, it is agreed that I will be entitled to all the benefits and privileges of such membership. If this application is not approved by the Board of Directors, all monies paid by me in accompaniment of this application shall be returned to me immediately, and this agreement shall have no force.

It is further understood and agreed that I am responsible for the appropriate minimum monthly restaurant tab and that I will pay all charges incurred by me, members of my family, and my guests. It is also agreed that membership does not confer on me any ownership of or any interest in Pinehaven Country Club Inc.

I further agree that my family, my guests, and I will abide by and adhere to all Rules, Regulations, and By-laws of the Club in effect now or at any future time.

I understand and agree that there may be an initiation fee in connection with an application for membership in Pinehaven Country Club Inc., and that if I elect the option of paying such initiation fee in installments, I remain obligated for the full initiation fee, even though my membership might terminate prior to the conclusion of the period over which the installments are to be paid.

I understand that the full initiation fee in force at this time of this application is \$ \_\_\_\_\_, and that arrangements can be made for payment in installments. I understand that installments require additional carrying charges. I understand that if the initiation fee payment is waived, I am not eligible for any senior discount and/or membership tenure benefits. I further understand that the full annual dues for the category of membership for which I am applying are \$ \_\_\_\_\_ per year.

Included with this Application for Membership 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 accompanying payment should be sent to:

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