

**PINEHAVEN COUNTRY CLUB**  
P.O. Box 567 (1151 Siver Rd.)  
Guilderland, NY 12084



**APPLICATION FOR MEMBERSHIP  
SWIMMING POOL**

Category: (18) Single ( \$475) \_\_\_\_\_

(17) Family( \$575) \_\_\_\_\_

APPLICANT \_\_\_\_\_ 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)

Spouse \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse Bus. Tel. No. \_\_\_\_\_

Children: Under 18 as of May 1<sup>st</sup> (Names and Dates of Birth)

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

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

Children: Over 18 as of May 1<sup>st</sup> must be attending College (Names , DOB, College)

\_\_\_\_\_ DOB \_\_\_\_\_ College \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ College \_\_\_\_\_

.....  
NAMES AND ADDRESSES OF TWO REFERENCES:

\_\_\_\_\_  
\_\_\_\_\_

PINEHAVEN MEMBER SPONSOR \_\_\_\_\_

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

Payment Accompanying Application: \_\_\_\_\_

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

APPLICATION FOR POOL MEMBERSHIP

APPLICANT \_\_\_\_\_

Category: (18) Single \_\_\_\_\_

(17) Family \_\_\_\_\_

I hereby apply for Swimming Pool 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 this category of membership..

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 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 that the full annual dues for the category of Swimming Pool Member for which I am applying are \$\_\_\_\_\_ per year.

Included with this Application for Membership is a check, money order, or other funds in the amount of \$\_\_\_\_\_ for full dues for the year 2021

**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**