



2023 COLLEGE-AGE STUDENT MEMBERSHIP APPLICATION

Date: _____

To The Taconic Golf Club Membership Committee:

I wish to apply for "College-Age Student Membership" in Taconic Golf Club.

Name: _____ Date of Birth: _____

College Address: _____ Phone: _____

E-Mail Address: _____ Class of: _____

Category of membership under which I am applying:

1. Spring (Course Opening – Memorial Day) \$90.00 _____
2. Summer (Memorial Day - Labor Day) \$90.00 _____
3. Fall (Labor Day - Course Closing) \$90.00 _____
4. Full Season (Spring, Summer & Fall) \$350.00 _____
5. **Mandatory Bag Storage \$50** _____

Total Due: _____

To be included with application:

1. A copy of your College I.D.
2. Accompanied Payment

Signature of Student: _____ Date _____