



## 2024 AUXILIARY MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

To the Taconic Golf Club Membership Committee:

I wish to apply for "Auxiliary Resident Membership" at Taconic Golf Club

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Local address: \_\_\_\_\_ Tel: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Business or Profession: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Local club of which the applicant is a member in good standing (please include documentation of your 2024 membership with this application)

\_\_\_\_\_

Signature: \_\_\_\_\_

*2024 Dues - \$1,424  
(13 Rounds)  
\$150 Food & Beverage Minimum*