



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
\$10 Trail Fee*