



2024 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: _____

Tel: _____

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 _____