



2024 FAMILY GOLD MEMBERSHIP APPLICATION

Date: _____

Taconic Golf Club Membership Committee:

Name: _____ Date of birth: _____

Local address: _____ Tel: _____

Company: _____ Tel: _____

Address: _____

E-Mail Address _____

Business or Profession: _____

Other members of the family who are included in this application:

Spouse: _____

Junior member applicants (under 21 and / or in college) --- please list birth dates)

Signature: _____

2024 Dues- \$1,243
\$10 Trial Fee for Adult Rounds