



## 2024 JUNIOR DEPENDENT MEMBERSHIP APPLICATION

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

To The Taconic Golf Club Membership Committee:

I wish to apply for "Junior Dependent Membership" in Taconic Golf Club.

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

Home Address: \_\_\_\_\_ Tel: \_\_\_\_\_

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

School Attending: \_\_\_\_\_

Name of parent(s) presently member(s) of Taconic Golf Club:

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_