



2024 REGULAR NON-RESIDENT MEMBERSHIP APPLICATION

Date: _____

To the Taconic Golf Club Membership Committee:

Name: _____ Date of birth: _____

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)

Other golf clubs of which applicant is a member:

Signature: _____

By signing this application I hereby certify that I do not own or have substantial use of a residence within 50 miles of Taconic Golf Club.

2024 fee - \$2,446
\$150 Food and Beverage Minimum