

2024 REGULAR RESIDENT MEMBERSHIP APPLICATION

	Date:
Taconic Golf Club Membership Committee:	
I wish to apply for "Regular Residen	t Membership" at Taconic Golf Club
Name:	Date of birth:
Local address:	
Tel:	
E-Mail Address	
Other members of the family who ar	e included in this application:
Spouse:	
Junior member applicants (under 21 and / or in college) please list birth dates)	
Other golf clubs of which applicant i	is a member
Signature:	

<u>2024 Dues</u>- Single \$3,856 - Couple \$6,891 <u>2024 Initiation Fee</u>- Single \$5,000- Couple \$10,000

\$300 Food & Beverage Minimum for Single \$600 Food & Beverage Minimum for Couple

\$25 Monthly Capital Assessment Fee for Single \$50 Monthly Capital Assessment Fee for Couple