



## 2024 WILLIAMS COLLEGE EMPLOYEE MEMBERSHIP APPLICATION

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

To the Taconic Golf Club Membership Committee:

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

Local address: \_\_\_\_\_ Tel: \_\_\_\_\_

Williams Department: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Other members of the family who are included in this application: (golf only)

Spouse: \_\_\_\_\_

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

\_\_\_\_\_

Other golf clubs of which applicant is a member:

\_\_\_\_\_

Signature: \_\_\_\_\_

<i>Single, College Employee Dues-</i>	<i>\$2,503</i>
<i>Single, Spouse of College Employee-</i>	<i>\$3,122</i>
<i>Single Member Food &amp; Bev Minimum</i>	<i>\$300</i>
<i>Couple, both College Employees-</i>	<i>\$4,424</i>
<i>Couple, One College Employee-</i>	<i>\$4,727</i>
<i>Couple Member Food &amp; Bev Minimum</i>	<i>\$600</i>
<i>Monthly Capital Assessment-Single \$25-Couples \$50</i>	