



2024 PARENT OF A WILLIAMS COLLEGE MEMBERSHIP APPLICATION

Date: _____

Name: _____ Date of birth: _____

Student's Name: _____ Student's Class Year _____

Home address: _____

E-Mail Address _____ Tel: _____

Business or Profession: _____

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

Spouse:

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

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Other golf clubs of which applicant is a member:

Signature: _____

By signing this application I hereby certify that I am the parent of a current Williams College student and that I do not own or have substantial use of a residence within 50 miles of Taconic Golf Club.

2024 Non-Resident Parent Membership

Parent \$950 per year

Parent and Spouse \$1,820 per year

\$300 minimum Food and Beverage Single

\$600 minimum Food and Beverage Couple