

**2025 COLLEGE-AGE STUDENT
MEMBERSHIP APPLICATION**

Date: _____

To The Taconic Golf Club Membership Committee:

I wish to apply for “College-Age Student Membership” at Taconic Golf Club.

Name: _____ Date of Birth: _____

College Address: _____ Phone: _____

E-Mail Address: _____ Class of: _____

Category of membership under which I am applying:

- | | |
|--|---------|
| 1. Spring (Course Opening – Memorial Day) \$100.00 | _____ |
| 2. Summer (Memorial Day - Labor Day) \$100.00 | _____ |
| 3. Fall (Labor Day - Course Closing) \$100.00 | _____ |
| 4. Full Season (Spring, Summer & Fall) \$300.00 | _____ |
| 5. Mandatory Bag Storage \$50.00 | \$50.00 |

Total Due: _____

To be included with application:

1. A copy of your College I.D.
2. Accompanied Payment***

Signature of Student: _____ Date _____

*****All college student members must have a credit card on file to cover purchases made in the pro shop and restaurant. The card will be automatically charged on the 21st of each month. All information on your application must be legible or your application will be delayed until corrected. Thank you.**

Name on Card: _____

Card #: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

