



**2018 PARENT OF A WILLIAMS COLLEGE MEMBERSHIP APPLICATION**

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

To the Taconic Golf Club Membership Committee:

I wish to apply for "Parent of a Williams College Student Membership" in Taconic Golf Club

Name: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_ Student's Class Year \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Business or Profession: \_\_\_\_\_

Company: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

\_\_\_\_\_

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.

*2017 Non-Resident Parent Membership*

*Parent: \$706/year*

*Parent and spouse: \$1,354/year*