



2019 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.

2019 Non-Resident Parent Membership

Parent: \$749/year

Parent and spouse: \$1,435/year