

**CANANDAIGUA COUNTRY CLUB
SOCIAL MEMBERSHIP APPLICATION**



MEMBERSHIP TYPE: SOCIAL MEMBERSHIP

NAME _____ DATE OF BIRTH _____

CELL PHONE _____ EMAIL _____

SPOUSE _____ DATE OF BIRTH _____

CELL PHONE _____ EMAIL _____

ADDRESS:

HOME _____ PHONE _____

SECOND _____ PHONE _____

(CHECK PREFERRED MAILING ADDRESS)

FOR FAMILY MEMBERSHIP: Please list all unmarried children, 18 or younger, or full-time students, you wish to include

(1) _____ (2) _____ (3) _____

Applicant's Employer _____

Occupation/Nature of Business _____ Business Phone/Ext _____

LIABILITY CLAUSE FOR APPLICATIONS I understand and agree that as a member of Canandaigua Country Club, I assume complete responsibility for the full fiscal year's dues beginning November 1st and ending October 31st of each year, including any assessments that may be assessed to the members during the fiscal year. The membership will continue on a yearly basis thereafter unless I notify the Board of Directors in writing of the coming year. I further understand and agree that all members are subject to rules and regulations established by the Board of Directors of the club as they now appear or will appear in the future and that I will be provided a copy of the current rules and regulations at the time of my membership application approval. I further agree that in the event it becomes necessary to collect any sums that may be due, I shall be responsible for all costs incurred including reasonable Attorneys' fees.

Date _____ Signature of Applicant _____

Please complete all above information on this application. If you have a preferred mailing address, please indicate the address and advise dates of residence. Thank You!

Return application with check for \$349.38 (\$325 + 7.5% sales tax) payable to Canandaigua Country Club to the following address: Membership Chairman, Canandaigua Country Club, PO Box 418, Canandaigua, NY 14424.

----- FOR OFFICE USE-----DO NOT WRITE BELOW THIS LINE-----

Date Approved _____ Membership Chairman Signature _____