



Sleepy Hollow Golf Club

MEMBERSHIP APPLICATION

Type of Membership (Circle One): Golf (Family)/ Golf (Junior)/ Young Professional, Golf (Single), Golf & Dining, Weekday Golf, Young Junior, Extended Area, Social, Trial Dining, Non-Resident

Name: _____ D.O.B. _____ S.S.# _____

Address: _____
(Street) (City)

(State) (Zip)

E-Mail: _____

Home Phone: _____

Business Phone: _____

Employer: _____ Occupation: _____

Spouse's Name: _____ D.O.B. _____

List names and birthdays of children:

List Golf or Country Clubs to which you now or previously belonged, Name and Location:

Please list any active members who would, upon request, provide the club with a letter of recommendation. List names:

_____ (Member) _____ (Member)

If approved for membership, I will conform to and abide by the rules, regulations, and by-laws of Sleepy Hollow Golf Club and be responsible for all charges incurred under my account. I understand that all resignations from Club must be in writing and shall be effective at the end of the month in which I resign. As a prospective member of Sleepy Hollow Golf Club I am aware of the risks associated with the use of the Club facilities and in consideration for my application for membership, I hereby release Sleepy Hollow from any and all liability in any way arising from my use, enjoyment or participation in activities at the physical facilities of the Club and will hold the Club harmless from any claim asserted by my family members or guests.

(Signature) (Date)

IMPORTANT: How did you hear about Sleepy Hollow Golf Club?

Current Member Recruited Me _____ Who? _____

Staff Member Recruited Me _____ Who? _____

Golfed in Outing _____ Which outing? _____

Other Sources _____ (Including Personal Research, Website, Etc.)

Approved by Membership Committee on the ___ day of _____, _____. Your check is deposited upon receipt for accounting purposes and does not signify approval of membership. Completed application authorizes credit check. You will be notified upon board action.

Member Number (Assigned by office): _____