



# 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: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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 two (2) 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 agree that my dues and charges will be paid via ACH or credit card. 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): \_\_\_\_\_