



2012 Application for Membership

Please check type of membership(s) desired

- | | | | |
|--------------------------|--------------------------|-------------|--------------------------|
| Principal Playing Member | <input type="checkbox"/> | College | <input type="checkbox"/> |
| Out of Town | <input type="checkbox"/> | Junior | <input type="checkbox"/> |
| Senior (75+) | <input type="checkbox"/> | Other/Promo | <input type="checkbox"/> |
| Spouse | <input type="checkbox"/> | | |

Applicant's Name _____ Spouse's Name _____

Is spouse also applying for a spouse golfing membership? Yes No

Home Address _____

Billing Address (if different) _____

Date of Birth (Principal) _____ Date of Birth (Spouse) _____

Home Phone _____ Business Phone _____

In an effort to keep costs and dues down, Pine Brook communicates with its members mainly via email. If you have an email account, please fill in the line below. If you do not, please note on the line. Those without email addresses will receive important notices via US Mail. Pine Brook does not share member's email addresses.

Email Address _____

Children of Principal Playing members under the age of 18 can play golf with no charge for greens fees and are included in the membership. Please list the names and ages of all children under the age of 18 to be included.

Name

Date of Birth

Name	Date of Birth

An application deposit of \$250 for Golfing memberships and \$50 for Junior memberships must accompany this application. Your deposit will be applied as a credit towards your membership dues.

Please accept my membership in Pine Brook Golf Club. Upon acceptance, I agree to abide by all rules pertaining to club membership and club use.

(Print Name) _____

Applicant's Signature _____ Date _____

I hereby sponsor the above applicant for membership at Pine Brook Golf Club.

(Print Name) _____

Sponsor's Signature _____ Date _____

Please Note: Rates and descriptions of all membership categories may be found in the member guidebook provided by your sponsor or membership chairperson. Please be familiar with this so that you are fully aware of all the fees and rules that apply to your membership category. Please Mail to:

**280 South Main Street, PO Box 549
Gloversville, NY 12078**