



The Vineyards
G O L F C L U B

Application for Membership



Type of Membership Desired: Full Young Executive (ages 31-39) Weekday
 Corporate Membership Young Executive (ages 21-30) Social Dining

If golf membership, please select one: Family Membership Single Membership

Personal Information

Name _____
Title First Middle Initial Last

Home Address _____
Street City State Zip Code

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____ Birthplace _____

Email Address _____

Single Married Domestic Partner If married, please fill out the Spouse information below.

Spouse's Name _____
Title First Middle Initial Last Nickname

Cell Phone Number _____ Wedding Anniversary Date _____

Date of Birth _____

Spouse's Email Address _____

Please list your dependent children:

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Education Background: _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Education Background: _____

Please list the names of all other Country Clubs of which you are/were a member and the dates of membership: _____

Please list all other social, civic or community associations of which you are/were a member: _____

Please list all relatives who are presently members at The Vineyards Golf Club and state relationship: _____

Name of referring member: _____

References: Please list Club members you know in addition to sponsor: _____

Why do you want to become a member of The Vineyards Golf Club? _____

Authorization

By signing this application for membership, I hereby authorize The Vineyards Golf Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Rules and Regulations of The Vineyards Golf Club in the present form or as may be amended.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing The Vineyards Golf Club. **I also understand that should I wish to resign from the club I am obligated to give the Club Office written notice by September 15th to that effect to be effective for the subsequent year. I shall be obligated to continue to pay dues, fees and other charges associated with the resigned membership until the end of the year in which the resignation occurs.**

Signature of Applicant _____ **Date** _____

Signature of Spouse _____ **Date** _____

(if applicable)

Signature of Sponsor _____ **Date** _____

For office use only

Date Received: _____

Approved by: _____

Date Approved: _____

Effective Date of Membership: _____

New Membership Number: _____

Authorized Signature: _____



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