



Membership Application

Please print or type the following information:

I, _____ hereby make
First Middle Last

application for _____ membership in Normanside Country Club, Inc.
State Class of Membership

Birthdate _____ / _____ / _____ Home Phone _____
 E-Mail Address _____

Residence _____
Street City or P.O. Zip Code

Business or Name of Firm _____ Occupation _____

Business Address _____ Phone _____
Street City Zip Code

Previous Club Affiliations _____ Handicap _____

Name of Spouse _____ Spouse Birthday _____ Will spouse play golf? _____ Handicap _____
 Business or Name of Firm _____ Occupation _____

Business Address _____ Phone _____
Street City Zip Code

List below the name and birth date of each dependent son and daughter and check (*) if golf privileges are desired:

| Name | Birth date | Golf | Name | Birth date | Golf |
|-------|------------|------|-------|------------|------|
| _____ | _____ | () | _____ | _____ | () |
| _____ | _____ | () | _____ | _____ | () |

- References: Other Than Club Members
1. _____
Name Address
 2. _____
Name Address
 3. _____
Name Address

Should my application be accepted and I become a member of Normanside Country Club, I hereby agree to uphold the Constitution and By-Laws of the Club and to abide by all Rules and Regulations.
 I further agree that should I desire to resign from Normanside Country Club, I will give notice thereof 30 days prior to the first of January or July to be effective either January 1 or July 1 and will pay all charges accrued and owing to effective date of resignation.
 A check in the amount of \$810 (Certificate of Membership \$750 plus 8% sales tax) should be included with this completed application. ****WAIVED FOR 2010 NEW APPLICANTS****

Signed _____ Dated _____



150 Salisbury Road, Delmar, New York 12054

PLEASE COMPLETE THE FOLLOWING FOR OUR RECORDS:

Please print or type the name and address to which statements and other correspondence should be mailed or emailed.

NAME: _____

ADDRESS: _____

E-Mail: _____

- I would prefer to receive all communication from NCC by email.
 - I would prefer to receive all communication from NCC by regular mail.
 - I would prefer to receive all communication from NCC by both email and regular mail.
- (Please check one)**

How do you wish to pay your dues?

Annual Semi-Annual Quarterly Monthly

Do you wish to be assigned a locker?

| | | | |
|-------------|----|---------------|----|
| <u>SELF</u> | | <u>SPOUSE</u> | |
| YES | NO | YES | NO |

Do you wish to participate in Hole-in-One insurance?

Participants in the Hole-in-One fund are charged \$2 when a member scores a hole-in-one. The policy for a Hole-in-One is that the fund will be used to pay for a drink for members and guests present at the club from the time the member scoring the hole-in-one enters the clubhouse following his round until he leaves the clubhouse. Of the remainder of the pool, the member can allocate any portion for use toward bar/restaurant charges (to be used within a 2-week period following the scoring of the hole-in-one.) Any residue will be allocated to that person's account in the Pro Shop. (No Cash will be disbursed directly to the person scoring the hole-in-one.)

| | | | |
|-------------|----|---------------|----|
| <u>SELF</u> | | <u>SPOUSE</u> | |
| YES | NO | YES | NO |