



# NORMANSIDE

COUNTRY • CLUB

## 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 \_\_\_\_\_ Will spouse play golf? \_\_\_\_\_ Handicap \_\_\_\_\_

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.

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.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

May we have your business address and phone number?

SELF: \_\_\_\_\_

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

SPOUSE: \_\_\_\_\_

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

**DEPENDENTS NAME AND BIRTHDAY:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

How do you wish to pay your dues?

Annual       Semi-Annual       Quarterly       Monthly

Do you wish to pre-pay your house minimum charge?

YES    NO

Do you wish to be assigned a locker?

SELF

SPOUSE

YES    NO

YES    NO

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

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 clubhouse 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.)

SELF

SPOUSE

YES    NO

YES    NO