PINEHAVEN COUNTRY CLUB P.O. Box 567 (1151 Siver Rd.) Guilderland, NY 12084



APPLICATION FOR MEMBERSHIP SWIMMING POOL

Category: (18) Single (\$500)			(17) Family(\$625)	
APPLICANT			_ Date of birth	
Home Address			Home Tel. No	
City	StateZip	E-mail address_		
Occupation			_	
Employed By				
Business Address			Bus. Tel. No	
City	Sta	ate	_Zip	
FAMILY MEMBERSH	IP (Please Complete Only if App	olying for Family Mem	bership)	
Spouse			Date of birth	
		Spouse	Bus. Tel. No	
Children: Under 18 as o	of May 1st (Names and Dates of	Birth)		
	DOB			DOB
	DOB			DOB
Children: Over 18 as of	May 1 st must be attending Colle	ege (Names , DOB, Co	ollege)	
	DOB	College		
	DOB	College		
	SSES OF TWO REFERENCES:			
	R SPONSOR			_
	otify:		Tel. No	
Payment Accompanying	g Application:			

APPLICATION FOR POOL MEMBERSHIP

APPLICANT _____

Category: (18)	Single		
(17)	Family		
			lub Inc., and if accepted, agree to me applicable to this category of
	nip. If this application is not	approved by the Board of	ill be entitled to all the benefits of Directors, all monies paid by me greement shall have no force.
It is further understood a members of my family, and my any interest in Pinehaven Country	guests. It is also agreed that		ay all charges incurred by me, onfer on me any ownership of or
I further agree that my falaws of the Club in effect now or		abide by and adhere to a	all Rules, Regulations, and By-
I understand that the full \$ per year.	annual dues for the catego	ry of Swimming Pool Me	ember for which I am applying are
Included with this Appli \$ for full dues for the		check, money order, or o	other funds in the amount of
Falsification of data	entered with this applicat	ion is grounds for termi	nation of membership.
Date of Application	Signature of App	licant	
Accepted by Pinehaven Country	Club Inc. By:		
	Date:		
When Completed, this Application	on and the accompanying p	ayment should be sent to	:

Pinehaven Country Club P.O. Box 567 Guilderland, NY 12084