

Cedar Lake Club Inc.

382 Rider Road, Clayville, NY 13322

Membership Application Form

www.cedarlakeclub.com

Office 315-839-5075/ Pro Shop 315-839-5838

rsardelli@cedarlakeclub.com

Applicants Name _____

Street _____ City _____

State _____ Zip Code _____ Date of Birth ____/____/____

Phone (home) _____ (work) _____ (cell) _____

Email Address _____ Spouse's Name _____ D.O.B _____

Family members	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (club members if possible)

Sponsoring member (if one)

Sponsor's Signature _____

A letter of recommendation should accompany this application

Type of Membership requested: (check one)

Social single (____) Golf Single (____)

Social single under 30 (____) Golf Single under 30 (____)

Social family (____) Golf family (____)

Social family under 30 (____) Golf family under 30 (____)

Non-resident (____) Junior Golf (____)

(must not have any living quarters within 50 miles of Cedar Lake Club)

If accepted as a new member, I agree to abide by the By-Laws and rules of Cedar Lake Club, Inc.

Applicant's signature _____ Date _____

A check for \$50.00 must accompany this application

For office use only Date the application was received _____ Approved _____