



Moon Brook Country Club

Jamestown, NY 14701

Application for *Dining Only* Membership

Applicant Name _____ Date of Birth _____

e-mail address _____

Mailing address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Spouse/Significant Other _____ Marital Status _____

e-mail address _____

Date of Birth _____ Cell Number _____

Dependent Children Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Firm or Profession _____ Position or Title _____

Previous Country Club Affiliation _____

Other Clubs, Societies or Organizations _____

I enclose a check in the amount of \$ 113.40 which constitutes the fee of \$105.00 plus taxes for this membership classification. It is understood that if this application is refused for any reason, the check will be returned immediately.

Signature of Applicant

We, the undersigned members of Moon Brook Country Club, do hereby sponsor and recommend the applicant. We certify to the correctness of the answers given in the application.

Proposed by _____ Second by _____

Signature _____ Signature _____

Date received by office: _____