

Thendara Golf Club, Inc.
P.O. Box 153
Thendara, NY 13472

Date _____

Application Fee \$30.00
(Non Refundable)

I hereby make application for membership in the Thendara Golf Club.
Must be 18 to apply

Name _____

Phone _____

Cell Phone _____

Winter Mailing Address _____

Summer Mailing Address _____

Additional Contact Person _____

Phone _____

Email: _____

Signature _____

I hereby propose _____ for membership in the Thendara Golf Club.

Proposed By _____

(Regular Member)

Seconded By _____

(Regular Member)

Official Use Only

Date:

Time:

Initials:

Please return to Office at Thendara Golf Club, Inc.

It is the responsibility of the applicant to notify Thendara
Golf Club of any changes in address, phone number