

TERMS & CONDITIONS OF MEMBERSHIP APPLICATION

2010 MEMBERSHIP APPLICATION

I herewith make application for membership at BAITING HOLLOW CLUB for the year 2010. I understand that as a condition of club membership I must adhere to all rules and bylaws of the club now or hereafter adopted and failure to do so will result in loss of membership. I further agree to waive claim by myself or my guest and all heirs for any loss or damage to automobile or other property or for any personal injury while a member and to hereby assume all risks in connection therewith.

Membership is for calendar year 2010. The golf course will be open from March 10th, 2010 through December 24th, 2010 and closed on Thanksgiving Day.

I understand that as a condition of club membership, there is a restaurant/bar minimum for the months of May, June, July, August and September.



I hereby make application for _____

Type of Membership

DUES	\$	
LOCKER(S)	\$	
BAG STORAGE(S)	\$	
RANGE PLAN	\$	
SUB TOTAL	\$	
N.Y.S. TAX 8.625%	\$	
TOTAL	\$	

Signature of Applicant

Date of Application

Approved by Manager

Date of Approval

PAID BY CHECK NO. _____ AMOUNT PAID _____ BAL. DUE _____

Membership Deposits reserve your space and are non-refundable.
Deposits / Payments will be applied first to offset unpaid balances.
Please read rules and bylaws (enclosed)

**100 Club Drive
Baiting Hollow, New York 11933
(631) 369-4455 • Fax (631) 369-4073
www.baitinghollowclub.com**

2010 MEMBERSHIP DUES STRUCTURE

A. FULL MEMBERSHIP (JAN. 1 - DEC. 31)

FAMILY (HUSBAND, WIFE AND CHILDREN UNDER 18)	\$14,800. ⁰⁰
INDIVIDUAL	\$10,350. ⁰⁰
ADDITIONAL JUNIOR (18 - 23)	\$1,600. ⁰⁰

B. WEEKDAY MEMBERSHIP (JAN. 1 - DEC. 31) (Monday, Tuesday, Wednesday & Thursday)

FAMILY (HUSBAND, WIFE AND CHILDREN UNDER 18)	\$7,900. ⁰⁰
INDIVIDUAL	\$5,600. ⁰⁰
ADDITIONAL JUNIOR (18 - 23)	\$700. ⁰⁰

C. LOCKERS (MANDATORY) \$150⁰⁰

D. BAG STORAGE (MANDATORY) \$150⁰⁰

E. RESTAURANTS/BAR MINIMUM (MANDATORY)
May 1st to September 30th per month

Full Members	\$200. ⁰⁰
Weekday Members	\$125. ⁰⁰

F. RANGE PLAN (MANDATORY) unlimited range balls

FAMILY	\$400 ⁰⁰
INDIVIDUAL	\$300 ⁰⁰

G. CHECK HERE IF YOU WANT TO BE OMITTED FROM MEMBER ROSTER

2010 MEMBERSHIP APPLICATION

APPLICANT _____
LAST FIRST DATE OF BIRTH (Optional)

PERMANENT ADDRESS _____
NO. STREET

CITY STATE ZIP

PHONE NO. * FAX NO.

SUMMER ADDRESS _____
NO. STREET

CITY STATE ZIP

PHONE NO. *FAX NO.



* E-MAIL ADDRESS * CELL NO.

BUSINESS NAME _____

OCCUPATION _____

BUSINESS ADDRESS _____
NO. STREET

CITY STATE ZIP

PHONE NO. *FAX NO.

IN CASE OF EMERGENCY _____
NAME PHONE NO.

*PLEASE SPECIFY DESIRED E-MAIL ADDRESS OR FAX NO. TO RECEIVE CLUB INFO.

TYPE OF MEMBERSHIP DESIRED

CHECK ONE A FULL MEMBERSHIP B WEEKDAY MEMBERSHIP

CHECK ONE FULL FAMILY INDIVIDUAL

SPOUSE'S NAME _____ DATE OF BIRTH _____

JUNIOR'S NAME _____ DATE OF BIRTH _____

JUNIOR'S NAME _____ DATE OF BIRTH _____