

TERMS & CONDITIONS OF MEMBERSHIP APPLICATION

2011 MEMBERSHIP APPLICATION

I herewith make application for membership at BAITING HOLLOW CLUB for the year 2011. 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 2011. The golf course will be open from March 14th, 2011 through December 19th, 2011 weather permitting 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
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Approved by Manager	Date of Approval
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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**

2011 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)	\$7,000.00
INDIVIDUAL	\$5,000.00
ADDITIONAL JUNIOR (18 - 23)	\$700.00

C. LOCKERS (MANDATORY) \$150.00

D. BAG STORAGE (MANDATORY) \$150.00

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

2011 MEMBERSHIP APPLICATION

NAME _____
LAST FIRST DATE OF BIRTH (Optional)

PERMANENT ADDRESS _____
NO. STREET

CITY STATE ZIP

PHONE NO. * FAX NO.

OTHER ADDRESS _____
NO. STREET

CITY STATE ZIP

PHONE NO. *FAX NO.



* E-MAIL ADDRESS * CELL NO.

BUSINESS ADDRESS _____
NO. STREET

CITY STATE ZIP

PHONE NO. *FAX NO.

IN CASE OF EMERGENCY _____
NAME PHONE NO.

FOR FAMILY MEMBERSHIPS

SPOUSE'S NAME _____ DATE OF BIRTH _____

JUNIOR'S NAME _____ DATE OF BIRTH _____

JUNIOR'S NAME _____ DATE OF BIRTH _____

JUNIOR'S NAME _____ DATE OF BIRTH _____