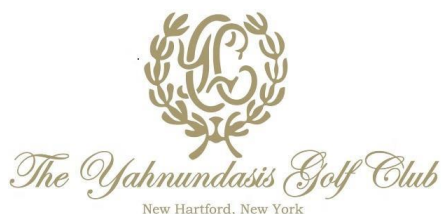




*The Yahnundasis Golf Club*

New Hartford, New York

*Spring 2022  
New Member Initiative  
Application Form*



**MEMBERSHIP APPLICATION FORM**  
YAHNUNDASIS GOLF CLUB  
SENECA TURNPIKE, NEW HARTFORD, NY 13413  
CLUBHOUSE – 315-732-6123 FAX – 315-732-5439  
**Spring 2022**

**CLASS OF MEMBERSHIP (YGC bills membership dues one month in advance)**

- \*23\* HOUSEHOLD GOLF
- \*23\* SINGLE GOLF (Ages 36 and over)
- \*23\* ASSOCIATE GOLF - (Ages 30-35)
- \*23\* ASSOCIATE GOLF - (Ages 25-29)
- \*23\* ASSOCIATE GOLF - (Ages 20-24)
- \*23\* SOCIAL

Dues Billing Preference \_\_\_\_\_ Initial **(Prepayment Promotion)**

**CANDIDATE INFORMATION - CONFIDENTIAL**

Primary Member \_\_\_\_\_ Mr. Mrs. Ms. Dr.

Preferred Name \_\_\_\_\_ Jr. Sr. Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Marital Status Single Married Wedding Anniversary Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Title \_\_\_\_\_ Length of Employment \_\_\_\_\_ (years)

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Please send e-mails to this address \_\_\_\_\_

**MEMBER PRIMARY SPONSORS**

Name \_\_\_\_\_ (Signature required)

Name \_\_\_\_\_ (Signature required)

**FAMILY INFORMATION:**

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please send e-mail to this address \_\_\_\_\_

**DEPENDENT CHILDREN (Unmarried children under 26 residing with Candidate)**

Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

**CREDIT CARD AUTHORIZATION FOR ACCOUNT**

I agree to enroll in Autopay on the PlastiQ website (yahnundasis.plastiq.com). I will maintain a current credit/debit card account through PlastiQ and hereby authorize said credit/debit card to be charged on the 10th of every month. Members will be allowed to sign for member charges in our Clubhouse Restaurant and Golf Shop.

Valid email address for registration: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agreement Date

*By signing and submitting this form, I understand that the election to Membership in The Yahnundasis Golf Club is expressly conditioned upon the approval of the Board of Governors. I agree and consent that The Yahnundasis Golf Club may investigate my personal and employment background, credit status and inquire into other matters concerning my record of financial and personal responsibility. If I am elected to Membership, I agree to remain a Member of the Club for the initial 12 months of my Membership provided that the annual dues billed to my account remain the same for such period.*

\_\_\_\_\_  
Applicant (Signature required)

\_\_\_\_\_  
Date

Congratulations & Welcome! After your application, has been processed, a member of our staff or membership will be in contact with you shortly to meet you at the club and provide you with a guided tour and answer any questions you may have.

Please initial one below -

I approve of with photos of me and/or my family taken at club events being used on social media. \_\_\_\_\_

I would prefer to not have pictures of me or my family at club events being used on social media \_\_\_\_\_