

**KWINIASKA GOLF CLUB
2017
MEMBERSHIP APPLICATION**

GOLF MEMBERSHIP:

SINGLE

FAMILY

YOUNG ADULT DOB: ____/____/____

SENIOR DOB: ____/____/____

SENIOR FAMILY DOB: ____/____/____ DOB: ____/____/____

JUNIOR DOB: ____/____/____

ADDITIONAL SERVICES:

GHIN (handicap service)

SEASONAL CART

NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ WORK: _____

CELL PHONE: _____ E-MAIL: _____

(Kwiniaska does not disclose email addresses to outside parties)

Junior members must indicate parent or guardian info below:

PARENT/GUARDIAN: _____ DAYTIME PHONE: _____

Return entire form with check made payable to: **KWINIASKA GOLF CLUB
5800 Spear Street
Shelburne, VT 05482**