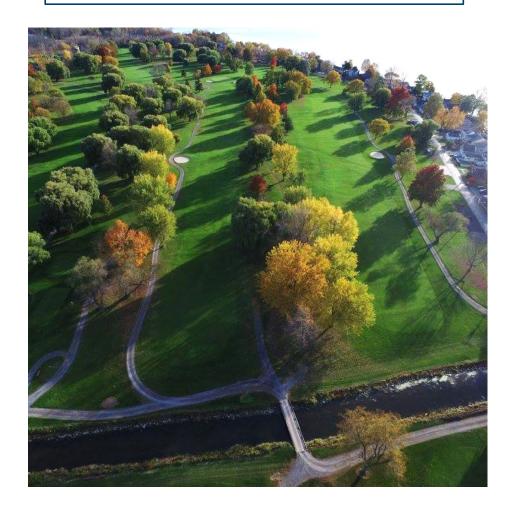
For office use only
Date Received By Club:
Effective Date of Membership:
New Membership Number:





Canandaigua Country Club 3280 Fallbrook Park PO Box 418 Canandaigua, NY 14424 www.canandaiguacc.com



Canandaigua Country Club

## MEMBERSHIP APPLICATION



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tudent	☐ Social		
	Last		Nickname
City		State	Zip Code
City		State	Zip Code
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## CHILDREN

Dependents up to the age of 18 or full time student

•	First	Last	Nickname	Date of Birth	_□ Male	☐ Female
2.					□ Male	☐ Female
	First	Last	Nickname	Date of Birth	_	
3	First	Last	Nickname	Date of Birth	_□ Male	☐ Female
4	First	Last	Nickname	Date of Birth	_□ Male	☐ Female

## AUTHORIZATION

I hereby apply for membership and as part of the confirmation process; I understand that references may be contacted. Please note that a credit check may be part of the application process. If confirmed, I agree to pay all fees and dues in effect at effect at that time and agree to abide by the rules and regulations set forth by the Canandaigua Country Club.

Signature	 	 	
Print Name			
Sponsor			
Sponsor			

