



GENEVA COUNTRY CLUB

4147 WEST LAKE ROAD
P. O. BOX 528
GENEVA, NEW YORK 14456
(315-789-8786)
www.genevacountryclub.com

EQUITY GOLF MEMBERSHIP APPLICATION

NAME: _____ TYPE – SINGLE OR FAMILY
(PLEASE CIRCLE)

SINGLE GOLF – 12 SHARES \$ 4500.00

FAMILY GOLF – 15 SHARES \$ 5500.00

The above shareholder is applying for An Equity Golf Membership. Flex Terms are now available the application must be processed by March 31st.

I hereby apply for AN EQUITY GOLF MEMBERSHIP at Geneva Country Club Inc. I agree to abide by the Club's Constitution and By-Laws and Code of Conduct.

Equity Memberships Applicants Must Retain These Shares for a Minimum of Three Years

Please type or print the following information.

Applicant Name _____ Applicant E-mail _____

Date of Birth _____ Spouse Name _____

Residence Address:

Mailing Address (if different)

Phone Number: _____

Cell Number: _____

Signature: _____ Date: _____

BOARD of DIRECTOR'S APPROVAL: _____ DATE: _____