

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 \$ 5000.00	FAMILY GOLF – 15 SHARES \$ 6000.00
The above shareholder is applying for An Edavailable the application must be processed l	
I hereby apply for an EQUITY GOLF MEMBE abide by the Club's Constitution and By-Laws	ERSHIP at Geneva Country Club Inc. I agree to and Code of Conduct.
Equity Memberships Applicants Must Reta	ain These Shares for a Minimum of Five 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:	