

**KWINIASKA GOLF CLUB**  
**2012**  
**MEMBERSHIP APPLICATION**

**GOLF MEMBERSHIP:**

SINGLE   
FAMILY   
YOUNG ADULT  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SENIOR  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SENIOR FAMILY  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MID-WEEK   
JUNIOR  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRACTICE FACILITY:**

SINGLE   
DUAL   
ADDITIONAL FAMILY MEMBER(S) \_\_\_\_\_

**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 St.**  
**Shelburne, VT 05482**