



Cortland Country Club

Membership Number _____

Membership Application

Name: _____ DOB: ____/____/____ Phone: (____) _____ Cell: (____) _____

Address: _____ City/State/Zip: _____

Seasonal Address: _____ City/State/Zip: _____

Occupation: _____ Employer: _____

Email: _____ Email: _____

Additional family/significant others living at above address who will be allowed to charge on account

Name	Relationship	DOB	Charging Privileges	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Membership Classification Applying For:

Family Golf Classifications	Single Golf Classifications	Social Membership Classifications	Other Classifications
<input type="checkbox"/> Junior Family	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Clubhouse Single	<input type="checkbox"/> Non-resident
<input type="checkbox"/> Associate Family	<input type="checkbox"/> Junior Single	<input type="checkbox"/> Clubhouse Family	<input type="checkbox"/> Temporary Golf
<input type="checkbox"/> Family	<input type="checkbox"/> Associate Single		<input type="checkbox"/> Student Golf
<input type="checkbox"/> Senior	<input type="checkbox"/> Single		<input type="checkbox"/> Passport
<input type="checkbox"/> Enhanced Social	<input type="checkbox"/> Single Family		
<input type="checkbox"/> Blue Tee Social			

Card # _____ Expiration _____ Card Type _____ 3 digit code _____

The above information is confidential and is used for Club records only. It is understood that membership is continuous until I present a letter of resignation. I understand I am responsible for all assessments and fees up to the date of written resignation. I further understand that the credit card with which I am securing my membership will be charged for any unpaid balances on my account over 60 days. (Applicant must provide valid credit card number to secure account even if not paying by credit card)

Application Date: ____/____/____ Signature: _____ Sponsor: _____

Please send or bring application to: Cortland Country Club
4514 Route 281
Cortland, NY 13045

Approval: _____ Date of Approval: ____/____/____

Office Membership Committee Board Welcome Packet Office File