



Lakeside Country Club

PO Box 381
Penn Yan, New York 14527
(315) – 531-8847
office@lccpy.com

2019 NEW MEMBERSHIP APPLICATION

Applicant's Name _____ DOB (Required) _____ Age _____

Have you previously been a member of LCC? Yes Year: _____
 No

Previous Club Affiliation? _____ GHIN Number _____

How did you learn about our new membership program? _____

Local (mailing) Address: _____ Winter Address: From _____ to _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Email billing statements? Yes ____ No ____ Email newsletter? Yes ____ No ____

Please select the Membership Category you are Requesting: (age as of January 1st)

	<u>Under 46</u>	<u>46+</u>	<u>Over 70</u>	<u>Cart Pass</u>	<u>Cart Space</u>
<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete this section for Family Memberships:

Spouse or Significant Other's Name _____ DOB _____

Please list your Children under the age of 19:

Child's Name _____ Age _____ Permit Charges to Account? (Y or N) _____

Child's Name _____ Age _____ Permit Charges to Account? (Y or N) _____

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Financial Clause: I understand and agree that as a new member of Lakeside Country Club, I assume complete responsibility for the new membership dues for the fiscal years 2019 and 2020. If I so choose, the membership will continue on a yearly basis thereafter at regular rates. I understand there is a minimum spending requirement in the Club House for 2019 and 2020.

Applicant's Signature _____ Date _____

For Office Use: Date Rec'd ____/____/____ Amount Rec'd \$ _____ Method of Payment _____
Updates: _____ IBS _____ Calendar _____ Master List _____ Cart Pass _____ Welcome Letter w/membership card