



FALL 2024/2025

# NEW MEMBER INITIATIVE APPLICATION FORM

YAHNUNDASIS GOLF CLUB  
8639 SENECA TURNPIKE, NEW HARTFORD, NY 13413

CLUBHOUSE: 315-732-6123  
EMAIL: [info@yahnundasis.org](mailto:info@yahnundasis.org)

# MEMBERSHIP APPLICATION FORM

## CLASS OF MEMBERSHIP (YGC bills membership dues one month in advance)

- Household Golf
- Single Golf (Ages 36 and over)
- Associate Golf (Ages 30-35)
- Associate Golf (Ages 25-29)
- Associate Golf (Ages 20-24)
- Social
- Corporate
- Out of Town

## CANDIDATE INFORMATION

### Individual Information

Name \_\_\_\_\_ Mr. Mrs. Ms. Dr.

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status: Single Married Wedding Anniversary Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

### Business Information

Business Name \_\_\_\_\_ Business Type \_\_\_\_\_

Title \_\_\_\_\_ Length of Employment \_\_\_\_\_ (yrs)

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Please send e-mails to this address \_\_\_\_\_

**Member Primary Sponsors**

(Please contact [sburke@yahnundasis.org](mailto:sburke@yahnundasis.org) should you not know a member of our Club)

Name \_\_\_\_\_ (Signature Required)

Name \_\_\_\_\_ (Signature Required)

**Family/Significant Other Information:**

Spouse/Significant Other Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell \_\_\_\_\_

Please send e-mail to this address \_\_\_\_\_

**Dependent Children:** (Unmarried children under 26 residing with Candidate)

Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

**CREDIT CARD OR ACH AUTHORIZATION FOR ACCOUNT:**

I agree to enroll in Autopay thru the Yahnundasis by using either a credit card or ACH. I will maintain a current credit/debit card or ACH account through the Yahnundasis and hereby authorize said credit/debit card to be charged on or around the 15th of every month. Members will be allowed to sign for member charges in our Clubhouse Restaurant and Golf Shop. There will be a 3% surcharge on all credit card payments.

Valid email address for registration \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AGREEMENT \_\_\_\_\_  
DATE

By signing and submitting this form, I understand that the election to Membership in The Yahnundasis Golf Club is expressly conditioned upon the approval of the Board of Governors. I agree and consent that The Yahnundasis Golf Club may investigate my personal and employment background, credit status and inquire into other matters concerning my record of financial and personal responsibility. If I am elected to Membership, I agree to remain a Member of the Club for the initial 12 months of my Membership provided that the annual dues billed to my account remain the same for such period.

\_\_\_\_\_  
APPLICANT (SIGNATURE REQUIRED) \_\_\_\_\_  
DATE

# CONGRATULATIONS & WELCOME!

After your application, has been processed, a member of our staff or someone from our Membership Committee will be in contact with you shortly to meet you at the club and provide you with a guided tour and answer any questions you may have.

## Photo Consent

Please check one below:

- I **approve** of with photos of me and/or my family taken at club events being used on social media.
- I would prefer to **not** have pictures of me or my family at club events being used on social media.

Please submit completed applications to our team at [info@yahnundasis.org](mailto:info@yahnundasis.org)