



# **TRI-COUNTY COUNTRY CLUB NEW MEMBER APPLICATION**

Applicants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Spouse Email (if Family Membership): \_\_\_\_\_

REFERRED BY / JOINING WITH: \_\_\_\_\_

Dependent Children (age 25 or under living at home or currently in school) \*Family Memberships

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

**Membership Type:**  Single  
(check one)  Family

**Club Mailing Address**  
**Tri-County Country Club**  
**PO Box 7**  
**Forestville, NY 14085**

***Email: [info@tricountycountryclub.com](mailto:info@tricountycountryclub.com)***

***\* This is a ONE time introductory offer for membership at Tri-County, the above Name(s) choosing to rejoin the following fiscal year will be obligated to the membership rates within the tiered structure. To be eligible for any future new member rates the above member will have to wait three years as a non- member/public player***

I hereby acknowledge that the use of the club facilities and any privilege of service incident to membership is undertaken with knowledge of risk of possible injury. I hereby accept any risk of injury to myself, my guests or my family sustained while using the club facilities or involved in any event or activity incident to membership at Tri-County Country Club. I understand that I am relieving the club and its directors, employees, shareholders from any and all loss, cost, claims, injuries, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or event connected with membership in Tri-County Country Club and Use of Club facilities. Tri-County has the right to charge any necessary assessment during the course of fiscal year(Nov 1 – Oct 31). I hereby acknowledge that membership is contingent upon approval by the club, which approval shall be at its discretion.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_