



# Tri-County Country Club

P.O. Box 7

540 Route 39

Forestville, N.Y. 14062

Phone: 965-2237

Fax: 965-4368

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Dependant- Age 25 or younger living @ home and in school

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

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

Member Sponsor: \_\_\_\_\_

Membership Choice: \_\_\_\_\_

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 and all risk of injury to myself, my guests and my family sustained while using the Club Facilities or involved in any event or activity incident to membership in Tri-County Country Club. In accepting the risk of injury, I understand that I am relieving the Club, and its directors, officers, shareholders, employees, from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me, my guest and my family resulting from or arising out of any conduct or event connected with Membership in Tri-County Country Club and use of the Club Facilities.

I hereby acknowledge that Membership is contingent upon approval by the Club, which approval shall be at its discretion.

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