

**Shaker Ridge Country Club, Inc.**

802 Albany-Shaker Road  
Loudonville, New York 12211  
www.shakerridge.com

Ph 518-869-0246  
Fax 518-869-5186

**APPLICATION FOR MEMBERSHIP**

Date: \_\_\_\_\_

The following questions are to be answered by the applicant for membership: (PLEASE PRINT)

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

Residence: \_\_\_\_\_  
Street City State Zip

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Marital Status M \_\_\_\_\_ S \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Spouse's DOB \_\_\_\_\_

Spouse's Employment \_\_\_\_\_ Phone Number: \_\_\_\_\_

Children's names and date of birth:  
\_\_\_\_\_  
\_\_\_\_\_

What is your Occupation? What position do you hold and with who are you associated?  
\_\_\_\_\_

Business Name and Address: \_\_\_\_\_  
Street City State Zip

Business Phone # \_\_\_\_\_

E-Mail Address's: \_\_\_\_\_

Length of time you have lived in the Capital District Area: \_\_\_\_\_

What other areas have you lived in and for how long? \_\_\_\_\_  
\_\_\_\_\_

Are there any significant changes in your occupation in the last ten years? \_\_\_\_\_

What organizations are you a member of?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of a local country club? \_\_\_\_\_ If so:  
Name: \_\_\_\_\_ How Long? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

I am applying for Category # \_\_\_\_\_. The rights of this Category have been explained to me and I understand them. I acknowledge I am responsible for the dues of this category for the membership years beginning April 1 through March 31<sup>st</sup> of the each year. PLEASE INITIAL: \_\_\_\_\_

I received a copy of the Shaker Ridge Constitution and General Club Rules. PLEASE INITIAL: \_\_\_\_\_

I agree that I am responsible for a full year's dues payable in advance each year as set forth above. However, annual dues may be paid in twelve (12) set monthly payments with the approval of the Board of Governors. Regardless of how I pay my dues, I am responsible for the whole year of dues. Resignations are only acceptable in writing and effective at the beginning of each membership year. I am also aware of the fact that annual dues may be changed in the future by the Board of Governors of this Club. PLEASE INITIAL: \_\_\_\_\_

In addition to my dues, I shall be responsible for locker fees, as applicable, dining room minimums, personal charges and all assessments levied by the Board of Governors or approved by the members of the club pursuant to the Constitution and By-laws of this Club. PLEASE INITIAL: \_\_\_\_\_

I understand that the nonrefundable initiation fee is \$\_\_\_\_\_ plus tax. I wish to pay the initiation fee as follows: (half with the application) \$\_\_\_\_\_ with the application and the balance as billed, upon approval. I authorize the Club to check all credit references in my name. PLEASE INITIAL: \_\_\_\_\_

I understand that the Club will assess an interest charge of 2% on all unpaid balances that are overdue beyond the grace period indicated on the monthly billing. PLEASE INITIAL: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

\*\*Please list any members we could contact for a recommendation: \_\_\_\_\_

\_\_\_\_\_

(FOR BOARD'S USE ONLY)

\_\_\_\_\_  
Proposed by

\_\_\_\_\_  
Seconded by

\_\_\_\_\_  
Date

Membership Committee Recommendation: \_\_\_\_\_

Board of Governors Action: \_\_\_\_\_  
Date

\_\_\_\_\_  
Approved for Posting

\_\_\_\_\_  
Rejected

\_\_\_\_\_  
Place on Waiting List

\_\_\_\_\_  
Other \_\_\_\_\_